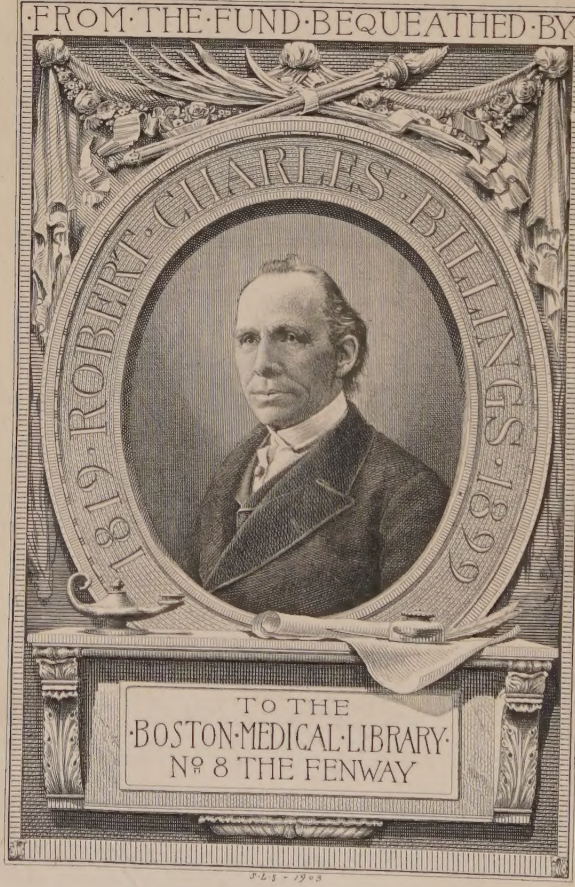
ENGLISH MEDICAL WOMEN

GLIMPSES OF THEIR WORK IN PEACE AND WAR

A. H. BENNETT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ENGLISH MEDICAL WOMEN

GLIMPSES OF THEIR WORK IN PEACE AND WAR

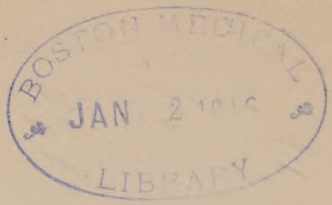
BY

A. H. BENNETT

WITH A PREFACE BY
STEPHEN PAGET, F.R.C.S.

WITH THREE ILLUSTRATIONS

LONDON
SIR ISAAC PITMAN & SONS, LTD., 1 AMEN CORNER, E.C.
AND AT BATH, NEW YORK AND MELBOURNE
1915



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PRINTED BY SIR ISAAC PITMAN &
SONS, LTD., LONDON, BATH, NEW
YORK AND MELBOURNE . 1915

PREFACE

I HAVE greatly enjoyed reading this book, and I am sure that Miss Bennett must have enjoyed writing it. She writes with all the happiness of one who has just made a pleasant discovery. She has found out this fact, that some of our best physicians and surgeons are women. The work done by medical women is just as good as the work done by medical men. Why should it not be as good? Patience, gentleness, diligence, neatness, dexterity, come as natural to women as to men. There is no hard and fast line between the art of the physician, the art of the surgeon, and the art of the nurse; it would be an advantage to the public if more systematic instruction in nursing were given to young men before they set up in practice; and women make good physicians and surgeons for this, among other reasons, that they make good nurses.

In the performance of operations, the hands of a woman are surely equal to the hands of a man; we have only to watch her over a bit of needlework to know that. One of the wisest and most skilful of the past generation of surgeons, Sir Thomas Smith, when he was

a visitor for King Edward's Hospital Fund, visited the New Hospital for Women, to report on its general management, and I remember what he said to me of the ladies who operate there. "My dear boy," he said, "they do it better than we do." Besides, women are just as keen as men to be successful in their profession, and to make a name in it for themselves. The wonder is, that their desire to be physicians and surgeons was so long opposed; it seems to me the most natural thing in the world.

Miss Bennett's description of the medical and surgical work which is now done, in the war, by women, affords a great example of courage; but most of us, I think, will agree with her that "military surgery" is not a normal development of the work of medical women.

I doubt whether she is justified in saying that "psycho-therapy" is a good opportunity for women's work. In plain English, "Psycho-therapy" is "the cure of souls"; and there are parts of my soul which nothing would induce me to let a woman see—or a man either.

STEPHEN PAGET.

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BY WAY OF EXPLANATION

This book has been written in order that the history of the entrance of modern women into the medical profession and the excellent work that has been accomplished by them in England, may be more widely known. While the following account is brief and far from exhaustive, I have taken the utmost care that the information given should be accurate and up to date.

There is a trite saying that women are women and men are men; because of this fact which no one is likely to contradict, it follows that a woman's point of view and a woman's method of work will differ from a man's in little ways, even when the work is scientific, and the training of both sexes has been identical. In describing their work, therefore, I have emphasised the little womanly touches that are noticeable in the hospitals officered and carried on by them. In so doing, I have not meant to make comparison, disparaging or otherwise, with the other hospitals.

I had begun the work just before the war

burst on our peaceful lives. When that came and all thoughts were concentrated on our soldiers and sailors, I was tempted to put it aside. Then I realised that in spite of the war, illness among women and children would continue, the doctors' work would still go on; the chief difference would be that the list of their free patients and their many hidden acts of kindness would be increased. As regards the Hospitals, subscriptions would tend to diminish; it seemed, therefore, there was reason for bringing them and their work before the public. I never thought of their taking an active part in the war; but before many weeks had passed a party of medical women and nurses went to France and took possession of Claridge's Hotel, which was turned into a Military Hospital, and another set went to Antwerp. I am glad to be able to include in this book an account of their experiences.

In writing this account for the general public, the fact that I am not a medical woman may be an advantage. Seeing the work from the outside, I am able to describe details that are of interest to outsiders, some of which, being matters of routine in any good hospital, whether managed by men or women,

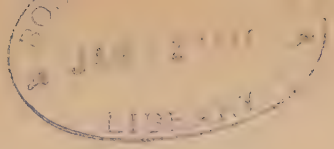
no doctor would consider of sufficient importance to mention.

Lastly, I must admit I have had one great difficulty to contend with: the dread of transgressing against that difficult and complicated code of manners called medical etiquette. This fear has worried my mind, paralysed my pen, and prevented my saying many things that I desired! If, in spite of this, I have offended in any way, I can only plead ignorance and apologise.

A. H. Bennett.

2 Montpelier Terrace,
Brighton.
February, 1915.

ENGLISH MEDICAL WOMEN



CHAPTER I

IN OLDEN DAYS

In an old number of *Punch*, dated, to be exact, May 15, 1852, there is a most interesting article. It is a comment on a correspondence that had been carried on in *The Times* of the previous week. Some one had written to that famous paper showing up an attempt to extort services from a governess, on terms that were shabby in the extreme. A few days later another letter had appeared in the same journal, stating that such exposures were useless, unless the range of women's employment was enlarged. The writer went on to suggest that women should practise medicine, and said there was a lady practising most successfully as a physician in New York. This, the writer in *Punch* seemed to think worthy of ridicule; he explained at much length that an "able bodied female" might with greater propriety be a navvy than a strong-minded woman could be a physician. He also kindly informed his lady readers that medicine was a profession that necessitated the study of anatomy and physiology,

evidently considering that a sufficient reason why women should not attempt to become doctors: and yet, as long ago as 1228 B.C. there was a woman who practised as a physician. She was the daughter of Aetes, King of Colchis. Not very much is known about her beyond the fact that she specialised in antidotes for poisons, probably a most necessary branch of medicine at her father's court.

Coming down the centuries, Agnodice calls for special mention. She was an Athenian maiden, born in 506 B.C., whose great desire was to be a doctor, but even in those days there were obstructives, and poor Agnodice found her sex an insuperable obstacle. Being unable to force her way into the medical profession, she tried another plan. She disguised her offending sex and then had no difficulty in being taught midwifery by Herophelus, an eminent physician of that day. When she attended a case she always whispered her secret to her shrinking patient, who, being glad to be treated by a woman, kept faith, but procured the young doctor other patients. Her practice grew so rapidly that the other physicians became jealous, and finally accused her of corrupt practices.

When, however, the trial appeared to be going against her, she disclosed her sex to the Judge, and it being realised that her large connection was due to the fact that women liked having a woman to attend them at such times, a law was immediately passed allowing all free born Athenian women to learn midwifery.

Significant of the practice in Roman times is the fact that the Latin synonym of midwife, "obstetrix," has no masculine equivalent. Another hint that women practised medicine quite extensively in the early part of the Christian era, is found in the lives of the canonised saints of the Primitive Church. No fewer than four saints, who were also women and doctors, are mentioned as having lived before A.D. 500. Two of these, St. Zenais and St. Philonella, lived in the first century. They were natives of Tarsus, but they left home and devoted themselves to medical science, using their skill in healing maladies of the body as a means of instructing the souls of their patients and converting them to Christianity. They were kinswomen of St. Paul, and according to an old tradition, St. Zenias attended the Apostle in his many illnesses.

In speaking of medical women saints, one cannot omit St. Hildegarde, who lived 1098-1179, and of whom Herwegen gives an interesting characterisation, showing her importance in the history of medicine.

She wrote two medical books, *Liber Simplicae Medicinae* and *Liber Compositae Medicinae*. The MS. of the first book as edited by Schott of Strasburg, 1533, under the title *Physica S. Hildegardis*, was discovered by Dr. Jessen in the library of Wolfenbuttel, and he also obtained from Copenhagen an MS. entitled *Hildegardis Curae et Causae*. After careful examination he was convinced that it was the second medical work of the Saint. It is in five books, and treats of the general divisions of created things; of the human body and its diseases, and of the causes, symptoms and treatment of illness. One of her prescriptions quoted in *Saxon Leechdoms* is more illustrative of the superstition of the times than of her undoubted skill in medicine. It is to prevent the patient from falling a victim of magic arts and is as follows—

Dry the tail of a steinbock with skin and flesh, and carry it in your hand, then you will never be affected by magic without your own consent.

It is evident that in Great Britain, from Saxon days onward, women were commonly found among the irregular practitioners. In the early part of the fifteenth century they must have formed quite a large body, as a petition was presented to Henry V in 1421, by their male competitors, begging that women should not be allowed to practise physic.

Before the Reformation there were many hospitals under the care of religious orders of women in England. Originally these houses were used for the relief of travellers, especially pilgrims, and were therefore generally built on the high road. In later times they were founded for permanent inhabitants, generally the poor and aged, and still later they became hospitals in the modern sense of the term. As education in those days was a matter of class more than of sex, it followed that the women of the upper classes belonging to the religious orders had the same opportunities of learning as the monks. They excelled in languages, and in one Benedictine convent the nuns used to write Greek and Latin verses for recreation; so it seems strange, considering their learning, that we hear of no great physician among the notably

clever women in the many religious houses in England. One possible reason is, that in those days the soul was of such paramount importance that the body and its needs sank into absolute insignificance among the more pious portion of the community. But in spite of this, the nuns were more or less skilled in dressing wounds and relieving pain. They understood the medical properties of different herbs and could make up simple prescriptions. Occasionally some of the older nuns practised midwifery for the benefit of the poor, who lived on their estates to till the ground and tend the cattle.

After the suppression of the convents, women practised medicine, but irregularly, and generally without training. Midwifery, however, was practically in their hands until the invention of the midwifery forceps by Peter Chamberlen, when the use of a surgical instrument called for a surgeon to use it, and this branch of medicine came more and more into the hands of men.

Not entirely, however, as it was about this time that Lady Ann Halket became celebrated both for her proficiency in the theory of medicine and her skill in surgery. We are told that the first personages in the

kingdom consulted her on medical matters, and her reputation spread to Holland. A staunch Royalist, she, with her family, suffered with the misfortunes of Charles I, yet in spite of domestic difficulties, she found time, not only for the practice of medicine but also for writing, being the author of twenty-one published books.

In 1642, after much discussion between physicians and surgeons, women were licensed as midwives at Chirurgeon's Hall after they had passed three examinations. Later in the same century they were referred to the Doctors' Commons for their licence, probably because of their custom of baptising infants in cases of need, and thus they lost their official connection with the medical world.

In spite of this they continued to be employed, especially by Royalty, and it was not until the last century that it became usual to call in medical men as midwives.

It is of interest to know that Queen Victoria was the first of our English Queens to employ a man midwife, and her reason was a generous one. Chloroform was beginning to be used and was found to be of great value in confinements. There was, however, a great prejudice against it, many delicate

women refusing on religious grounds the alleviation of pain thus afforded. The Queen, in order to do away with this objection, decided to have chloroform herself, and as its administration required a fully qualified doctor, she departed from the usual Royal custom of employing women and was attended by a medical man.

By this time, too, the ordinary midwife had degenerated and become an untrained nurse of the "Sairey Gamp" type, and in the early part of the nineteenth century women had not only ceased to have any connection with the medical profession, but it was not generally known that they had ever practised as doctors.

When they ceased to take an active part in the life outside their homes, education became more and more superficial, "accomplishments" being all that was required of them. In the days of large households when many industries, such as brewing, the making of toilet necessaries, salves, face-cream, simple medical remedies, dressmaking, etc., were carried on at home, this lack of book learning was not so deplorable: the women's intellect finding outlet in other ways. When little by little these trades passed into the hands

of companies, and less and less was done at home, the life of a well-to-do woman became empty. Gradually her interests and activities were narrowed until she degenerated into the limp and fragile creature depicted in the pages of the early Victorian novelists.

CHAPTER II

PIONEER WOMEN AT EDINBURGH UNIVERSITY

MANY reasons are suggested to account for the revival of learning among women in England during the nineteenth century. It has been said that the fact of there being a queen of great character on the throne made the nation realise the intellectual capacity of women, and the need of affording them a better education than was customary in early Victorian days. Another idea is, that the growing prevalence of outdoor games had something to do with it, as invalidism and hysterics became unfashionable. Whatever may have been the cause, it is certain that there was a most wonderful intellectual awakening in the latter half of the nineteenth century, and women of exceptional powers came forward as pioneers in education, nursing and medicine.

The re-entry of women into the medical profession is a story of the triumph of courage and perseverance. First one, then another, finally seven women demanded opportunities

of qualifying for the medical profession, and, in spite of obstacles and difficulties sufficient to dishearten most people, succeeded in throwing open this profession to their sex. To-day, when medical women in England are numbered in many hundreds, and are universally respected and liked, it is apt to be forgotten what they and their patients owe to the little band of students who endured so much to gain their end. They fought against ignorance, jealousy, and prejudice, not for months, but for years ; owing to their grit and perseverance they succeeded in the end, and they set a high standard for medical women which those who have followed have so far maintained.

There was already one medical woman practising in England when these ladies knocked at the fast-closed door of Edinburgh University. She was Dr. Elizabeth Blackwell, a native of Bristol, but a resident in the United States since childhood. It was in that country she received, after much difficulty, the degree of M.D., and after a time she returned to England to practise. In the interesting book she has written of her experiences she explains how, when none of the larger Universities in the United States

would admit her as a medical student, she applied to the authorities of the University at Geneva, New York, then her request was referred to the students, who not only unanimously voted for her admittance, but passed a resolution stating they would all remember to treat her with the courtesy due to women. It is pleasant to record that they kept this resolution so well that one of the Professors commented on the improved behaviour of the students after the admittance of Miss Blackwell to the medical lectures.

After obtaining her degree Miss Blackwell practised for a time in New York, then came to London, and when, owing to the Cowper Temple Bill of 1858, a register of duly qualified medical practitioners was compiled, her name had to be included. It thus happened that the name of a woman appeared on the very first register issued by the General Medical Council of Great Britain and Ireland.

But to Miss Garrett, so well known to-day as Mrs. Garrett-Anderson, belongs the honour of being the first woman in England to attempt to pass the examination in medicine of the Society of Apothecaries, London, which she did in 1865, and was then entitled to add L.S.A. to her name. This success was

viewed with alarm by the members of the Society, who decided to make a new rule to meet the unexpected danger. This rule laid down that henceforth no certificates of instruction would be received by them unless issued from a recognised medical school. As no medical school in England accepted women as students, the Apothecaries Society congratulated itself on having quietly but effectually barred the door to aspiring womanhood.

This first check, as has been the case with every succeeding check, resulted in benefit to the women. If the Apothecaries Society would not admit them to the L.S.A. degree they would go somewhere else, and in doing so would try for a higher qualification.

Mrs. Thorne was about to start for Paris to obtain a degree when she met Miss Jex Blake, who had been trying to enter the medical classes in Edinburgh, but had been refused on the ground of its "not being advisable for the University to make alterations in the interests of one lady." Mrs. Thorne decided to join Miss Jex Blake, as did three others, Miss Pechey, Mrs. De Lacy Evans, and Miss Chaplin—later on, two more were added to the list making a gallant little

band that came to be known in the days of struggle as the "*Septem Contra Edinem.*"

It was the first five ladies who made a fresh application for admittance to Edinburgh University, which was received quite favourably by the Senatus and the University Court. Doubtless it was easier to admit these "blue-stocking" ladies than to refuse them, and the authorities did not take the request very seriously. Besides, there was the safeguard of the General Council of the University, whose assent was necessary before arrangements could be made for their admittance. The meeting of the Council took place a few days before the winter session, and some little time after the examination by which alone the medical students could gain entrance to the University for that term.

Another visit was therefore paid to the Dean of the Medical Faculty, who as a great concession allowed the ladies to present themselves for matriculation on condition that the examination should be considered void if the Council decided not to admit women to the University. To understand in the least the moral courage of the women, it is necessary to keep in mind that they had been brought up when independence of thought

and action on the part of women was considered quite out of place. To pay a visit to the Dean and to wish to enter a University which contained only men students was more than unusual. Probably many of their women friends thought, if they did not say, that it was "very odd"; and the Dean in receiving them, even though he was sympathetic, doubtless had an uncomfortable feeling that these ladies were being decidedly unwomanly.

In spite of this, the motion of Professor Mason, seconded by Professor Hughes Bennett, that "women be allowed to matriculate and form separate classes," passed by a large majority. The University felt that by this vote it had shown great breadth of mind, and such generosity that now it might at least make the affair a paying one. Consequently, the ladies were left to make their own arrangements for the separate classes, and for each class a guarantee of a hundred guineas was demanded. This the women agreed to, and received their precious cards proclaiming in red letters that they were "*Cives Academiae Edinensis.*" These faculties having been obtained they settled down to work, and during the winter two voluntary

examinations were held in which both the men and women students participated: the questions being the same, though the ladies sat in one room and the men in another.

And now trouble began. After the first examination it was found that Miss Pechey had taken such a high place in chemistry that it was possible and even probable that she might win one of the Hope scholarships. This, from the men's point of view, was quite unendurable. They had gone against their traditions and upbringing in admitting the ladies to the classes, and the ladies, instead of showing gratitude by remaining in the background, not only competed with their best men but seemed quite likely to win. It was time they were reminded of their sex, and the Professor gravely warned them that, should any woman take the highest place, there would be difficulties and the matter would have to be referred to the Senatus. In spite of this hint the women did their best. The two examinations resulted in four-fifths of the women being in the honours list, Miss Pechey proving herself the best student of chemistry in her year, for the two men whose names came before hers were in their second year. Some of the men students were

generous and frank in their admiration, and were as indignant as the ladies, when the Professor announced that the man below Miss Pechey would receive the scholarship as the women's class was not eligible. Instead of meekly accepting the decision Miss Pechey appealed to the Senatus. It was all very annoying and disturbing, and quite contrary to the Professor's idea of womanly behaviour, but, to his relief, the Senatus upheld his decision.

It must be admitted there was something to be said for the Professor's view. The ladies had been admitted into the University, as an experiment; they had been more or less grudgingly allowed to receive instruction from friendly Professors, but Miss Pechey was a member of a *private* class only. Her marks entitled her to the Hope Scholarship, but the fact of her not being a member of the *regular* class made it technically possible to refuse it to her on the ground that it was a scholarship open only to the members of the regular class. Further than this, the Hope Scholarship had a nominal money value, but its real benefit was three months free tuition in the University Laboratory for analytical chemistry. Under existing rules a lady could not

receive this tuition in the University laboratory with the men, which was a second and irrefutable reason, from the opponents' point of view, to withhold the scholarship. Miss Pechey, they argued, could not enjoy the benefit of the scholarship even if it were granted her, as it was clearly understood when the ladies entered the University that there should be no mixed classes.

It was just this element of justice on both sides of the quarrel that made it a matter of such heated discussion and excitement. The public became acquainted with the facts, and, caring not at all for University traditions, warmly sided with Miss Pechey, a student of great ability, who fully deserved the high place she had taken in the examination.

Professor Crum Brown, who was quite honest in his decision, came in for a great deal of unfair criticism. This, of course, roused several of the Professors, who before had been neutral, to side against the women, and the affair became a topic of discussion and contradiction at every dinner table in Edinburgh. The excitement spread, and all forces of society, including the daily papers, were engaged in the struggle for or against the ladies. It is easy to understand why the

majority of the public took the women's part; they had had every sort of disadvantage, and yet, in spite of it, one of their number had done better than any of the men. That, of course, was the secret of the antagonism. As one of the friendly Professors pathetically remarked at the time, if they would only be content to keep in the background, work on unobtrusively, claim *no* distinction and avoid all rivalry with the students, so much jealousy and trouble would be prevented. In other words, if these exceptionally brilliant women were to gauge the capacity of the men students, and then carefully refrain from doing better than the most stupid, they might have been treated with kindly condescension.

The comment of another so-called friend was that "their ambition and brilliancy put the cause back fifty years." Yet most readers will be glad the women did not take this ignoble method of getting on, but did their very best and were proud that their best was equal and sometimes better than the men's.

CHAPTER III

DISAPPOINTMENT

To realise how brilliant was their achievement one must remember that these ladies had to contest every inch of the way. There was the money to provide, the opposition of the Professors to overcome, and separate classes to arrange before they could settle down to study. There was also the feeling of discouragement to battle against, for at this time everything went wrong. Professor Sir James Simpson, the introducer of chloroform, and one of their staunchest friends, died at a critical moment of the women's struggle.

In spite of high fees for the separate classes, the Professors were not very willing to give a double amount of their time and energy to teaching, but, when the more sympathetic among them suggested the ladies should attend the ordinary classes, the suggestion was promptly vetoed by the University Court.

After many difficulties Doctor Handysides, a recognised teacher of anatomy, came to the rescue, by inviting them to join his ordinary

class, and Dr. P. H. Watson admitted them to his class in surgery.

Practical work was also necessary, so the women asked for admission to the Royal Infirmary for clinical instruction, but were refused. It must have seemed to them that as each obstacle was overcome they were confronted with one still more insurmountable. It was at this time that opposition to the women reached its climax in a series of organised riots that were very discreditable to the students engaged in them. They had however, one good effect in rousing the chivalry of the better sort, who promptly formed an escort to protect the ladies to and from the lectures.

One pictures them in the bonnets and voluminous skirts of the period (pathetically unsuitable wear for running the gauntlet of a hostile mob), meeting at their leader's house to take the dreaded walk to the University, and waiting for their bodyguard, who were composed chiefly of Irish students, headed by a certain "Micky" O'Halloran, an Irish Bachelor of Arts, who had also been a trooper in the United States Army. These students effectually protected the women, but it is doubtful if any young student in

these days of athletic womanhood could face such an ordeal daily on her way to the medical school, and afterwards concentrate all her attention on the lectures. Yet Miss Jex Blake and Mrs. Thorne, who have each written of the struggles of those early days, mention the facts quite briefly, and evidently with no idea of their real heroism in successfully continuing their work amid such nerve-trying distractions. The riots proved a failure, their chief effect was to make friends for the women amongst people who had hitherto been unsympathetic and indifferent. Finally, a committee of over 500, including many influential people, was formed to support the women, and they were no longer left to struggle on alone.

Their next trouble was legal, and 1871 was spent in litigation. They succeeded in being admitted to their first professional examination, and all passed, taking honours in more than one subject. Then, again, their progress was barred by the refusal to give them their third year matriculation tickets.

Friends were increasing, however, both in number and influence, and could now be counted among the Senatus. The election as Lord Rector of Sir William Sterling

Maxwell, in the autumn of 1871, was a triumph for the women. He was a friend of Disraeli, who favoured women's suffrage.

In January, 1872, a majority of votes were for managers favourable to the cause of women students, and a statute was brought forward to decree that the clinical advantages of the Infirmary should be available for all registered medical students. This, of course, would include the women. There was much feeling evinced in the voting, and, when it was found the decree was passed, the indignant minority rose and left the hall. Probably they held a small meeting of their own to see if the majority could not be outwitted, for, when the women applied for tickets of admission to the Infirmary, they were told the votes must undergo a scrutiny.

There was so much feeling evinced that finally the affair was brought to the notice of Parliament. During the debate on the Civil Service estimates Sir David Wedderburn moved that the votes for the Scottish Universities should be reduced by the amount of the salaries of the Edinburgh Medical Professors, because of the inexcusable conduct of the Medical Faculty. This mark of sympathy must have cheered the women,

but it was not of much practical use, and once more, the "*Septem Contra Edinem*" found themselves obstructed by legal difficulties. The settlement of these points of law their opponents managed to prolong until the close of the year. At the end of that time, on December 23, the matter was arranged to the satisfaction of the women, and they were allowed in the wards of the Infirmary. Now came two comparatively peaceful years. The students had obtained a limited qualifying hospital instruction, for which they were very thankful. This instruction was supplemented by other opportunities of observation, the senior students attending the practice of the Royal Dispensary for six months, and also the Workhouse Infirmary. They completed their knowledge on the subjects required for graduation, but as they could not get the instruction within the walls of the University, they had to be content with lectures arranged elsewhere. They were careful that the teaching should be on the lines of qualifying instruction, in the extra-Mural school, and that the teachers should be recognised by the University. In this way they hoped to avoid all difficulties when the time came for them

to take their final examination. The other side had, however, discovered what a useful obstructive machine the law can be under some circumstances, so they searched for another legal difficulty. This they discovered in a "doubt as to the validity of the regulation passed in 1869." Alas! That there was no one to take the view adopted by the American judge who was hearing a protracted case. When the lawyer began to bring forward merely technical points, he announced he was quite tired of legal phrases, he was there to administer justice, which he would do at once, and the solicitors could argue out their legal quibbles afterwards, if they liked! Though the Lord Advocate of Scotland did not take this brief method of settling the difficulty, he decided that the regulation of 1869 was in order, and that an action could be brought against the University if it refused the means of studying medicine to the women.

After trying every conciliatory method of gaining recognition from the Senatus, the women acted on the Lord Advocate's opinion, and brought an action of Declaration against the Senatus, praying to have it declared that the Senatus must enable them to complete their education and allow them to present

themselves for medical degrees. There was only one defence, a purely technical one, but it was used in default of a better. It was declared that before the Universities Act of 1858 the University was under the control of the Town Council of Edinburgh, and really not competent to grant degrees, even to men. This did not please men who had taken degrees before 1858. Lord Clifford then gave his opinion that the women were entitled to be admitted to the University under conditions. By this time the University had got one fixed resolve, that whatever happened it would not admit the women. So this judgment was appealed against. To tell in a few sentences what took about a year of time, and nearly two thousand pounds in money, the appeal was at last brought before twelve judges, five of whom decided for the women, seven against, and the University was told that the regulation of 1869 admitting the women was illegal. It was delighted to hear that it had exceeded its powers in passing such a resolution, but to the persevering band of women the decision was a bitter blow. It must have seemed to them that they had endured four years of struggle and worry only to meet with complete failure in the end.

It was a relief that their Committee most generously relieved them of the law costs, but the crushing disappointment remained. Time proved, however, that though they had not gained their degrees at Edinburgh, they had accomplished a great work. For they had roused public attention and sympathy and prepared the way for subsequent successful efforts. Indeed, nothing in the history of the women is more remarkable than the way in which the opposition they encountered in Edinburgh turned in the end to their good. For instance, among their legal trials was an action for libel brought against Miss Jex Blake by a student, owing to her allusion in a speech, "to Professor Christison's class assistant being in the mob of Nov. 18." It gave her much anxiety at the time, for, though the jury only awarded the plaintiff one farthing damages, the Judge, by giving a special certificate, threw the costs, amounting to £915 11s. 1d., on her.

To meet this, an advertisement was put in the papers and sympathy with her was so great that within a month the Committee inserted another advertisement to beg the public not to subscribe more, as the necessary amount had been obtained. In fact, after

the costs were paid, £112 remained, which Miss Jex Blake added to the nucleus of a fund for a future hospital for women and children in Edinburgh. A Women's Hospital, therefore, can claim to owe its foundation, partly, at any rate, to the persecution suffered by the first women students in Scotland. But in 1874 the women were conscious of failure only as far as getting medical education in Great Britain was concerned. While they had been struggling in Edinburgh, Dr. Frances E. Hoggan had obtained the Zurich Diploma and was practising in London, and Mrs. Garrett-Anderson added to her L.S.A. the title of M.D. of Paris.

The success of these ladies decided part of the Edinburgh company to go to Continental Universities, but Miss Jex Blake, Mrs. Thorne, and others determined to carry on the struggle, and as they had been defeated in Scotland to try what could be done in London.

CHAPTER IV

SUCCESS IN LONDON

When these Edinburgh students retreated to London, wearied and discouraged with the result of their four years struggle in Scotland, they found themselves in a sympathetic atmosphere and amongst friends. Moreover, a real start had been made in the Metropolis.

Two ladies, Doctor Garrett-Anderson and Doctor Frances Hoggan, were carrying on their profession successfully, having been in practice some little time, and St. Mary's Dispensary had developed into the "New Hospital for Women." The Earl of Shaftesbury had opened it over the old dispensary in February, 1872, and it provided accommodation for ten patients.

The work of medical women thus having become known and approved of in London, Miss Jex Blake had little difficulty in gathering together a strong band of sympathisers.

After much thoughtful discussion, Dr. Anstie, of King's College, agreed with the ladies in thinking that if a thorough course of study was provided, and the lectures

given by teachers recognised by the Metropolitan schools, one or other of the nineteen examining boards would accept their certificates of instruction without regard to the sex of the student.

Having come to this decision and formed a provisional committee of influential people, who were keenly in favour of the scheme, it was easy to arrange a full course of non-clinical study. Then came the usual question when new schemes are begun : "Where was the money to come from ?" This was answered by thirteen contributors, who gave with generous promptitude £100 each, and were thus the founders of "The London School of Medicine for Women."

They were Mrs. Jex Blake of Brighton, Miss S. Jex Blake, Mr. Andrew Coventry of Edinburgh, Mrs. Holland of Liverpool, Mr. Edward Pease of Darlington, Mr. J. Priestman of Newcastle, Mr. E. M. Smith of Shanghai, Mr. Walter Thompson, Sir Francis Goldsmid, M.P., Mrs. Pennington, Mr. Augustus Thorne, Mr. Joseph Thorne and Mrs. Isabel Thorne, one of the Edinburgh students.

With £1,300 the Committee was prepared to lease a suitable house, and one was found in Henrietta Street, possessing the advantage

of a good-sized garden. Lists of donations, names of members of committees, lectures arranged for and lecturers appointed, make dull reading, but it was not dull work to those who had the medical education of women so much at heart.

The accomplished fact, too, can be stated in a few sentences: only those who helped to found the school know how much time and labour, how many anxious days, how much talking in season and out of season, had to be done before the provisional committee had the house ready, the right lecturers secured to give the courses in Anatomy, Chemistry, Physiology, and all the subjects that are necessary to the attaining of a medical degree. Mrs. Isabel Thorne, in her interesting book on the foundation and development of the London School of Medicine, gives a list of the first lecturers, and one can understand how proud the students must have been to have one medical woman among their teachers. This was Mrs. Garrett-Anderson, M.D., who gave the lectures on Midwifery.

A last set-back happened just before the opening of the school in the death, by blood poisoning, of Dr. Anstie, who had undertaken to be Dean. Mr. A. T. Norton, lecturer of

Anatomy, then accepted the post, and the school was opened with fourteen students.

The report of the Medical School for 1914 uses the same figures, but reversed, in giving the number of new students for the past year, there being *forty-one* instead of fourteen, and that number comprised only the new students, the total number being 179. Had the first fourteen been able to look ahead so far, they would have been pleased but not surprised, for there is nothing more noticeable in the history of the medical women and their work in England, than their absolute confidence of ultimate success.

Starting in October, 1874, with fourteen students, they increased in a year to nearly double that number, despite the fact that the legal obstacles to their being registered after qualification had not yet been overcome. This great difficulty was at length removed in August, 1876, by the Medical Qualifications Act. This Act threw open the medical profession to women and justified the persistent struggle of the pioneers.

It ran as follows—

MEDICAL ACT (QUALIFICATIONS) ACT.

An Act to remove restrictions on the granting of qualifications for registration under the Medical Act on the ground of sex. (August 11, 1876.)

Be it enacted by the Queen's Most Excellent Majesty by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in the present Parliament assembled, and by the authority of the same.

1. The powers of every body entitled under the Medical Act to grant qualifications for registration be granted by such body to all persons without distinction of sex. Provided always that nothing herein contained shall render compulsory the exercise of such powers and that no person who but for this Act would not have been entitled to be registered shall, by reason of such registration be entitled to take any part in the Government, management, or proceedings of the Universities or Corporations mentioned in the said Medical Act.

2. This Act shall be taken to be incorporated with the Medical Act, as amended by the Act of the twenty-second year of her Majesty, Chapter 21. And the Medical Act as so amended and any other Act amending the Medical Act shall be construed and have effect accordingly.

After this Act had been passed it would seem impossible to refuse the medical degree to any woman who had passed the examinations, but for a time the boards of the different colleges found ways of evading the Bill.

The University of Edinburgh, so well versed in turning minor legalities to its own advantage, declined to allow the women who had been students there for four years, to present themselves for examination, on the technical ground that most of the teaching had been taken in the Edinburgh Extra-Mural School instead of the University.

Once more it was Ireland to the rescue. An Irishman had been their chief protector in

the days of the Edinburgh riots, and it was now the Irish College of Physicians who admitted some of the women to their final examination. Of course they all passed and received the licence of the College. They were then entitled to be registered by the General Medical Council of Great Britain and Ireland and to enter on the legal practice of medicine.

CHAPTER V

SUCCESS (CONTINUED)

One great difficulty remained; clinical instruction was still lacking. This seemed impossible to obtain, but finally the Royal Free Hospital, which had been the first Medical Institution where the sick poor were admitted without a letter of recommendation, added to this distinction, that of being the first hospital to provide women students with clinical teaching. It did not grant the privilege easily, but after months of negotiations and promises on the part of the Medical School to compensate the Hospital for any losses it might incur, through taking such a daring step. Finally the School agreed to give the Hospital 300 guineas per annum; also to hand over all fees received for clinical teaching, to the four members of the staff, promising that these fees should not fall below £400 a year. So, for a sum of £715 a year, guaranteed by three gentlemen, the Royal Free Hospital made the venture of admitting women for clinical instruction, and found it was wise in so doing.

The first agreement was for five years, and

during that time the School made such progress that in 1882, when the extension of the agreement was under consideration, the Hospital found it had not suffered by its association with the School, and it generously declined its subsidy of £315 a year. On the other hand, the School raised its guarantee of £400 per annum for clinical fees to £460, in order to provide fees for the " Physician for the Diseases of Women " and the Ophthalmic Surgeon. The Hospital was becoming rather proud of its students by this time, for they included such brilliant women as Miss Prideaux and Mrs. Scharlieb. Miss Prideaux, having taken the Gold Medal and Exhibition in Anatomy at the intermediate examination in medicine of the University of London, 1881, and Mrs. Scharlieb, first-class honours in Materia Medica and Pharmaceutical Chemistry. She also obtained the Gold Medal and Exhibition in Obstetric Medicine in 1882, with honours in Medicine, Forensic Medicine and Surgery.

When the new agreement was signed, the women were assured of three essentials for which they had so long struggled—

First : They had a recognised Medical School of their own.

Second: A Clinical Hospital.

Third: A qualifying examination admitting to the Medical Register.

From this time there was a constant advance. When Mr. A. T. Norton resigned the post of Dean of the School, in 1883, a woman, Mrs. Garrett-Anderson, M.D., was elected in his place.

A couple of years later it was necessary to enlarge the Medical School by the addition of a lecture room in the garden. The usual batch of difficulties arose, the ground landlords objecting to the study of anatomy on their premises, but this was overcome, and the improvements carried out at a cost of a thousand guineas. This was a lucky year for the women, for not only was their school enlarged, but the Royal College of Surgeons, Ireland, opened all its examinations, including its fellowship, to women, and the next year the more cautious Scotch colleges yielded so far as to admit women in their licentiate examinations.

In 1887 the Medical School and the Free Hospital renewed their agreement for another five years: this time not even the guarantee of £460 a year to the Staff was required,

though the clinical fees were given to them as before.

It is most appropriate that the Royal Free Hospital should have become so closely connected with the London Medical School for Women, as it has the unique distinction of being practically founded by a woman who was without friends, money or influence. All that is known about her is that she was found one cold December night in 1827 on the steps of St. Andrew's Churchyard, Holborn—dying of poverty and disease. Help came then through Mr. William Marsden, surgeon, who found her, but it was too late, and she died a couple of days after without a friend, totally unrecognised, not even her name being discovered. One of the tragic failures to all outward appearance ; but whatever her life may have been, by her death she accomplished much for her suffering fellow-creatures, for after this event Mr. Marsden never rested until a medical charity, whose only passport to admittance should be poverty and sickness, was founded.

In this way the " Free Hospital " came into existence, and it seems but fitting that in this account of the good work done by the gifted and highly educated women in England, the

story of the good work, all unconsciously done by a woman who had no external advantages, should be inserted.

At the end of the next five years, in 1892, the School was again enlarged by the addition of No. 8 Hunter Street. During this half decade a petition was made to the Royal College of Physicians, London, and the Royal College of Surgeons, England, begging them to admit women to their examinations. It was unsuccessful, but Miss Aldrich Blake, the present Dean of the School, took the M.S. degree of the University of London, the first woman to obtain this surgical distinction ; as Mrs. Scharlieb was the first to take the M.D. London degree, which she did in 1888.

It had become the custom for the Medical School to gain some advantage or make some improvement about every five years, and 1897 was marked by the rebuilding of the School.

This was a serious matter, for though the old buildings had become more and more inconvenient, and reconstruction had been thought about for some time, there was the need of rebuilding without stopping the work of the School. New sites were suggested,

but none seemed convenient. At last it was decided that if a long lease could be obtained from the ground landlords, a new school should be put up in separate blocks on the same site. The School could then be carried on in the undisturbed portions of the old School and the finished blocks of the new building.

The landlords agreed for a consideration (the rent to be in future £240 instead of £60 a year) to a lease of 88 years, and the work began in the vacation of 1897.

When the New Science Laboratories were completed the Prince and Princess of Wales, afterwards King Edward VII and Queen Alexandra, visited the premises, and declared them open. Their Royal Highnesses had tea in the old Common Room, and when it was explained that the School authorities were trying to furnish the building of the second block, the Princess of Wales kindly intimated her willingness to receive the donations. This was a gala day for the School. It was gay with flags and flowers, and the graduates added colour to the scene by wearing their academic robes.

Buildings and improvements continued, and in 1902, the half decade again witnessed

a still further advance. This was the admission of women to the Medical Staff of the Royal Free Hospital. Mrs. Scharlieb, M.S., M.D., and Miss Ethel Vaughan (now Mrs. Vaughan-Sawyer) being appointed in October, 1902, Physician and Assistant-Physician for the Diseases of Women at the hospital. The career of these two ladies, admittedly among the best surgeons in England, proves the fallacy of the idea that the profession of medicine for women is incompatible with matrimony. It is particularly interesting that Mrs. Scharlieb did not take up medicine until after her children were born, and was 37 when she passed her final examination.

It still remained for the Royal College of Physicians, London, and the Royal College of Surgeons, England, to give full privileges to women.

After very great efforts on the part of all those interested in the medical education of women, this was achieved in 1910, Miss Davies Colley being the first to add F.R.C.S. to her name.

Another interesting fact is that during the years 1907 to 1912, medical education throughout the country was recognised for grants from the Treasury and in these grants

the medical education of women share on precisely the same terms as the medical education of men.

The only medical qualifications now closed to women are the medical degrees of the Universities of Oxford and Cambridge.

CHAPTER VI

AT THE LONDON SCHOOL OF MEDICINE FOR WOMEN

To-day the London (Royal Free Hospital) School of Medicine for Women is a flourishing institution, and it opens the door to a useful and satisfying career to the right sort of girl. Many a woman's heart is overflowing with sympathy and a desire to help her less fortunate sister, and as a doctor she finds the fullest scope for such good work. She is able to heal or relieve the suffering body, and when, as is often the case, she becomes the friend as well as the doctor of her patients, she can also brace and comfort the shrinking soul. With tact and experience she can prevent much misery by advising women in the care of their health. Lastly, she can help build up a healthy nation by giving lectures to young mothers on the care and upbringing of children. A very useful and necessary work, as is constantly proved by the extraordinary methods of feeding the baby practised among the poor. Such women really have to be taught that sips of beer, ripe raspberries, etc., are not the best

form of nourishment for mites of 5 or 6 weeks of age. But even women whose first desire is to do good must live, and here again, the medical profession "makes good." It is one of the few professions in which women receive the same fees as men, a capable woman doctor being certain of a comfortable livelihood. Professional men are beginning to realise this, and it is interesting to note that among the students is an increasing proportion of doctors' daughters. The fact that the life is arduous and the training expensive, lasting as it does five or six years, prevents overcrowding and tends to keep the standard of character high. During a conversation with the Warden of the School a few months ago, I asked her opinion as to the necessary qualifications for a student to become a successful doctor, and was told, "good health, common sense, and hard work." The training will develop tact, sympathy and knowledge of human nature, but the first three qualities must be inherent in the student.

The excellent effect of the training on the character is so obvious that one well-known doctor, who has held a post at the School for many years, says that she always advises a

Photo by *Elliott & Fry.*

MRS. VAUGHAN SAWYER, M.D., B.S. (LOND.)

girl to go in for the training even if she may never practise. "It deepens and broadens the character and is always time well spent."

Now for a little general information that may be useful to an intending student.

She must have passed a preliminary arts examination (a complete list of recognised examinations can be obtained from the Registrar of the General Medical Council), and she must be over 16 years of age. Many experienced doctors think it is an advantage for a girl to have a year or so at home after her general education, before entering the Medical School. It makes her less of a school-girl and gives stability and a certain amount of experience, which is of great value when she begins the practical part of her training.

It is wise for the student to decide when she enters the School which degree or diploma she will endeavour to obtain, as the regulations differ in each case. Having obtained admission and signed an undertaking to conform to the regulations of the School and Hospital, the student settles down to five or six years steady work. A very happy period to most of them, there is no doubt: The doctors always become expansive when talking about their student days, and this

ought to be a very easy chapter to write instead of the difficult one it is.

The request to some busy doctor to tell me about her life at the Medical School usually results in an invitation to dine with her one evening when she is alone.

When the coffee arrives I ask a question : "Did you like your practical work at the hospitals?" for instance. That is quite enough ; the doctor, whoever she may be, begins.

For an hour or more I listen to delightful stories of her first experiences in the lecture room, and at the Hospital : of quaint episodes in the casualty ward on Saturday nights, a favourite time and place to them all.

I hear of the woman, who, while her black eye and other obvious marks of a street fight are being tenderly dressed gives, in a casual tone, as the cause of her general dilapidation, that, "me and another lidy had a bit of a discussion together."

I am told of a trembling student reading her diagnosis of a patient to some great doctor and getting flurried over the unaccustomed Latin terms, saying just what she does *not* mean, to the joy of the listening seniors, who are up for their M.B.

After a pleasant evening, during which the doctor is a willing talker, and I am an attentive listener, I rise to leave, feeling I have obtained just the material that will interest everyone.

At the door the doctor says —

"But I have not told you what I intended to about the School—how the days are mapped out, what subjects are taught each term, etc. What I have been talking about is chiefly my own experiences. That, of course, is personal and private, and you will, I am sure, understand if I ask you not to repeat our conversation to the public."

Therefore, this chapter must consist chiefly of facts about the School.

The day begins at 8.30, and ends at 6 p.m., except on Saturday, when it closes at 2.

There are rooms for the use of the students at the School, including common room, library, and dressing-room. Luncheons, teas, and dinners, are also provided in the students' common room at moderate charges. This is a great advantage, as it appears to be a universal fault of women to be careless about food when they are interested in anything. As, to quote a doctor again, it is not only necessary to eat in order to live, but to eat well in order to do good work these meals

at the School do much to keep up the standard of efficiency in the students.

A certain number, sixteen in all, can be housed at the School, there being nine sets of chambers and each set having one or two bedrooms and a sitting-room. The students have the use of bath-rooms and kitchen, and the housekeeper arranges for all necessary service, and provides dinner in the common room.

College Hall, Byng Place, Gordon Square, also provides residence for thirty-five students of schools of the University, and a list of boarding-houses in the neighbourhood is kept by the Secretary, who is ready to advise and assist the student to obtain suitable quarters.

On their entrance to the Medical School all students are required to become members of the Students' Union ; the objects of which are : first, to promote corporate action of the students on matters of common interest ; and second, to promote and maintain athletic and other clubs, and to promote social intercourse among the students. As soon as the Union subscription is paid, which is settled at the same time as the ordinary school fees, and amounts to two guineas per annum, the student is entitled to become a member of

all the clubs and societies of the School, with but four exceptions. These are, the Christian Union, the Dance Club, the Training Corps, and the Suffrage Society. The Missionary Societies have learnt by experience the advantage of having medical women, and their appreciation is so great that the Society for Promoting Christian Knowledge announces itself prepared to give assistance up to £75 a year for a period of four years, for a complete course of medical and surgical training to ladies on certain conditions. These conditions being that the applicants for assistance must be Communicants of the Church of England, and must offer themselves for work as medical missionaries. As to where and with whom, a certain latitude is allowed, as it is only required that they shall work in connection with some Church of England Missionary Society, or under the direction of an Anglican bishop among heathen or Mohammedan races.

The Zenana Bible and Medical Mission assists ladies who wish to go to India as Medical Missionaries, and the Church Missionary Society is also ready to help toward the cost of training ladies for similar work under certain conditions.

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Three other Missionary Societies advertise their readiness to accept qualified medical women for missionary work. These are the London Missionary Society, the Church of England Zenana Missionary Society, who wishes for medical women for India and China, and the Society for the Propagation of the Gospel. This Society sends out qualified women for medical work among the women of India, China, and Borneo.

In connection with the Missionary Societies, it should be said that the School very generously makes a reduction in fees for students entering the School with grants in aid of training for Missionary Societies.

Besides the missionary grants, there are scholarships and prizes to be won, so there is not only the grind of steady work, but the excitement of competition. To some students this gives just the needed stimulus to do their best, while others seem to get stage fright at examinations, and it is not always the most brilliant students who make the cleverest doctors. As a certificate can be gained by securing 66 per cent. of marks, this gives the opportunity for qualifying to the student who is hindered rather than helped by the thought of an examination to be faced.

After qualifying, the doctor usually seeks a post as outdoor surgeon, or better still, house surgeon, in some hospital in order to gain experience, as the successful application of her art lies in practice, to which reading and examination only opens the way. These hospital posts used to be difficult for women to obtain, as has already been pointed out, but the increase of institutions managed by women has resulted in a greater number of such positions being available, and since the war many other hospitals have been glad to accept women as residents. After some months or more in such work, the medical woman, unless she accepts a permanent post (in that case it is usually abroad), looks out for a private practice. In regard to this, Miss Ivens, M.S., in delivering the inaugural address for the autumn session, 1914, at the School, emphasised the need for more medical women in our great industrial towns, saying there was ample scope for general practitioners in investigation and treatment—and certainly women doctors have done well in such centres. The intellectual woman who knows the value of knowledge, and the working woman who has faith in women's work, are both most ready to consult a

physician of their own sex. Among the class of leisured and less experienced women, one does not expect the lady doctor to be quite so successful, and yet even with these women it is often only a matter of time.

I remember, some six or seven years ago, staying in a fashionable health resort, and one morning receiving a note from a dear elderly friend, a type of the nicest sort of early Victorian womanhood. The note implored me rather plaintively to come to tea and help her entertain a *lady doctor* (this was heavily underlined), a niece of a relation. As my friend evidently felt quite unequal to the task; just how unsexed and utterly impossible she expected her guest to be I could imagine, I ignored another engagement and went to support her. Braced for the worst, the announcement of Dr. ——, and the subsequent entry of a quiet and particularly feminine woman, utterly nonplussed our hostess. She became silent, and listened with obvious surprise while the doctor and I chatted about the news of the day, even including the coming fashions. As the minutes passed, the old lady's disapproval turned to sympathetic pity, and after the departure of the M.D. she expressed her regret that such a

nice girl should settle in the town—"her lack of patients will be so disappointing to her."

Three years later I was again in the town, and while talking to my friend, asked news of the lady doctor. "My dear," was the response in awestruck tones, "she has moved into a large house, has a motor-car, and I am told her practice is almost as large as Dr. M.'s," the old lady's physician and a particular favourite in the place.

And though, year by year, the numbers of medical women have increased, there has been room for them all, and this will be even more the case in the future.

Owing to the war, numbers of medical men have gone to the front, and so many young men of the professional class have entered the Army, that there is no doubt there will be a lessening of the number of students at the men's medical schools in the near future, with the result that medical women will be more than ever needed. Added to this, the war has brought home to English women in general two facts—To those who have been anxious to help in such a crisis, it has proved that power goes with training; zeal without knowledge being useless. To

others who have had to face a lessening and disappearing income it has taught that a training which enables a woman to earn a livelihood is far better than an invested sum of money which may suddenly be swept away in a financial crisis.

GLIMPSES OF THEIR WORK
IN PEACE AND WAR

CHAPTER I

THE NEW HOSPITAL

A FAMOUS American artist once said to me that the secret of painting lay in the power of seeing, and he added, that people only noticed the things that interested them. To prove this, he said, I could probably tell him how many booksellers were in a street I frequented, but not how many music shops. I thought of this when I became interested in medical women and their work, and found to my astonishment, that they and their institutions were all over England, London being full of them.

My first surprise was in Harley Street. Armed with introductions obtained from the lady doctor whose wise advice I ask and take at intervals, I went to that street of brilliant intellects and high fees.

Now I have often walked down it, I have even visited friends living there, but never, till I went looking for medical women did I realise how many of them had their names on the door plates of Harley Street.

While gaining first-hand information of

their work from the pioneer women and others, I made a discovery, of less than no importance to the medical world, but of interest, I am convinced, to all patients. I found out that not all waiting-rooms are alike : patients think they are, and I noticed interesting characteristic details never realised when one sits in them possessed by the introspective state of mind of one waiting to be seen.

I found the journals on the table quite interesting, the jokes in *Punch* really funny, and, let me whisper it, I felt superior to everyone in the room. It was so much more comfortable waiting to interview than waiting to be interviewed ! It was now that that bogy of my book, " Medical Etiquette," began to show itself, at first faintly and then more distinctly. It was in a waiting-room, also, though not in Harley Street, that I heard the following delightful scrap of conversation. In a corner apart sat two patients talking volubly ; as they grew more interested they raised their voices. Said one of them : " Yes, I always come to her in spite of the distance : I like her. She is such a womanly woman, is she not ? " to which the other replied : " Yes, I suppose so, but

From a painting by .. *Hugh Rivière.*

MRS. SCHARLIEB, M.S., M.D. (LOND.)

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what *I* like about her is that she really gets me well quickly."

The kindly doctors, so ready when they found me interested and sympathetic, to tell of their work and experiences, but "not for publication, please," filled me with despair.

However, when I spoke of my desire of seeing their institutions and being taken over them by someone who really knew all about it, an appointment was at once made, and I began my explorations with a visit to the oldest of their hospitals.

Euston Road had always suggested motor omnibuses, hurrying taxicabs, and the big railway stations, but I now discovered that within a few minutes' walk of King's Cross Station is an interesting looking brick building which announces itself as "The New Hospital for Women." Here I arrived according to appointment, and being shown into the board-room, prepared myself for a time of patient waiting.

The more I have learned of medical women and their work the more I find them worthy of respect and admiration, but I cannot include punctuality among their many virtues. Indeed, I sometimes wonder whether there is somewhere in that mysterious

code called medical etiquette, a clause which insists on a period of solitary waiting as an adjunct to every visit (professional or otherwise) which is paid to a doctor.

This time I was willing to be given a few minutes in which to remember the history of this, the first hospital in London, founded, officered and carried on by women.

It was begun in Crawford Street as a Dispensary in 1866, and after Mrs. Garrett-Anderson and Doctor Frances Hoggan had been in practice for some little time, it developed into the New Hospital for Women.

The first building, which was opened by the Earl of Shaftesbury, was over the dispensary, and contained ten beds. This number soon proved insufficient, and in 1874 it was removed to a house in Marylebone Road, where twenty-six patients could be received. In 1890, this new Hospital, 144 Euston Road, was opened with forty-two beds.

I had arrived at this point of my consideration of the history of the hospital when the doctor arrived and very kindly took me over the building.

Every institution seems to have its own characteristics; going over the New Hospital

I was impressed with its efficiency and completeness.

First, we passed the electric lift, a new and much needed improvement, as it facilitates the moving of patients from one floor to another.

Upstairs, I was first shown the kitchen, a place of aggressive cleanliness and much shining brass, a room to be envied by the harassed mistress of a private house. Then came the circular wards; these struck me as being specially bright and cheery, the only disadvantage of wards built in this shape is the loss of room, a round ward containing one bed less than a ward of the same size and usual shape. There are now sixty-one beds in the New Hospital, and they are always full, the demand for surgical cases being very heavy. It is the surgical cases specially that appreciate the Women's Hospital, and patients will wait as long as they possibly can rather than go elsewhere. Attempts to make them go to another hospital generally meet with a firm refusal and a strongly-worded intention of going into the New Hospital or nowhere.

I was told of an old lady of seventy-two who came from the country to be treated for

an injury she had endured for years, and would have gone on enduring, had she not heard of the "ladies," to whom she was at last willing to explain her trouble.

There is in the New Hospital a Cancer Ward where every alleviation that science has yet discovered is given: an astonishingly cheerful place when one remembers the disease from which each patient in it is suffering.

There is an Isolation Ward, where innocent women suffering from the diseases caused by the vice of others, can be received.

"Such women should have every help and comfort that it is possible for us to give them," said the doctor sadly, and I agreed, and thanked God that there were women doctors and women's hospitals for just such cases.

Then came the theatre, with a new operating table, which was evidently the pride of the nurse's heart, for I was not allowed to leave until all its advantages had been explained and demonstrated.

I was told of the good work done in the special departments of mechano-therapeutics and X-ray's, though in order to obtain full results from the X-ray department, new and expensive apparatus was needed.

The Pathological Laboratory came next; fascinatingly interesting even to a non-medical visitor—what a magical box of imprisoned evils was the incubator with its sealed tubes of bacteriological cultures!

After the laboratory we went to the out-patients' department, and on the way I was shown the verandah, which, owing to the kindness of Mrs. Gilchrist Thompson, has been erected outside the doors leading to the out-patients' department, and which has been greatly appreciated by the patients.

The nurses are accommodated in a separate building, each nurse having a really comfortable, pretty room to herself. In all the hospitals managed by women, thoughtfulness and consideration for this hard-worked, inadequately-paid profession of nursing is apparent, though much more needs to be done if efficiency and a high standard of character among nurses is to be maintained.

Returning from the nurse's house we passed the Mortuary Chapel, reverently furnished, where the sorrowing relatives can visit their dear ones, and realise by the care taken in death as well as in life, that the doctors and nurses cared for the patient, not merely as a "case" but as a person.

To realise the amount of work accomplished in this comparatively small hospital it is necessary to give a few statistics. In the last year's report (1913) the number of in-patients treated was 887, and the total number of attendances of out-patients reached the astonishing figure of 32,447.

Two hundred and ninety-seven maternity cases were attended, and eight midwifery pupils were trained, all of whom passed the examination of the Central Midwives Board.

Before closing this account of the New Hospital for Women, mention must be made of a house and grounds at New Barnet, which has been purchased through the generous bequest of Miss Rosa Morrison. This continuation hospital was opened on July 7, 1913, by Lady St. Helier. It contained sixteen beds and two cots, and has a resident medical officer, and experienced matron and a staff of two nurses and two probationers. The Rosa Morrison house is not a convalescent home, but a real part of the New Hospital, and is worked on hospital lines. I am told that the Medical Staff who visit it weekly consider that the progress of the patients sent there is most satisfactory. There is also a convalescent home in connection with

the hospital, called the Cottage Home for Convalescents at Aldebury, which owes its establishment and its maintenance to the energy of Miss Bagster, who for twenty-eight years was the Secretary of the New Hospital. Her resignation of the post in 1913 was received with sincere regret by the Hospital Committee.

Being the first of the Institutions founded by women, the New Hospital has had the longest time in which to prove that medical women are appreciated and have a very special work to do. It is not the attraction of novelty that brings women to the out-patients' department, for the Hospital has long since ceased to be new in anything but name, but it has demonstrated the fact that a large number of women not only prefer to be treated by women but absolutely refuse to go to medical men.

CHAPTER II

CHILDREN AND TOYS AT HARROW ROAD

From the New Hospital to the most cheery of places in Harrow Road, for sick children, is not very far, when you are taken in the doctor's motor, and are told many interesting facts on the way.

On entering you discover at once that this is both a hospital for children and a home for toys—toys are in evidence everywhere, not toys in glass cases, but nice useful untidy toys, on the floor, in the corner, and on the beds. They play an important part in the management and even cure of the little patients.

If you are a motherly woman you will at once understand that toys keep small invalids cheerful ; if you are not only a motherly, but also a medical woman, you will have learnt by experience that when you have presented your patient with a large woolly Teddy bear, you may proceed with your medical examination without interruption or hindrance.

There are two other facts that make

Harrow Road Hospital acceptable to the children. For the in-patients there are five meals a day, and for both in and out-patients, there are medicines that taste good. This is particularly important with the out-patients, as a nicely-flavoured medicine is remembered and taken, while "nasty" physic is usually ignored or even thrown away.

Again, the woman's knowledge of and thoughtfulness for her own sex is shown in the rules for the nurses. These have each a separate bedroom : they are on duty for only nine hours out of the twenty-four, and once in three weeks the nurse may forget hospital and patients and have one long day of rest and change.

This is really necessary in order that the patience and cheerfulness, which are so essential in the successful nursing of children, may be maintained by the nurse without undue strain. Again, I emphasise that it is to be hoped that this thought for the nurse may be the beginning of greater consideration, in hospitals and private houses, for one of the hardest-working, most self-sacrificing class of women workers.

As has been the case with nearly all their hospitals, the founding of the Children's

Hospital at Harrow Road was practically forced upon the women, being the outcome of two great needs.

First: There was the need of the poor in North Kensington, and the surrounding districts.

In this particular part of London pennies have a value that is more suggestive of the Middle Ages than the twentieth century, and a twopenny 'bus ride is an item of expenditure sufficiently great to prevent even the most careful mother from going some distance to obtain advice for her children.

Second: There was the need of the doctors. It was but natural that medical women should wish to have full opportunity for the study of children's diseases, and there was no hospital at that time for children in London that allowed women to hold staff appointments or gave them the full facilities they needed in order to specialise in children's diseases.

"Deeds, not words," appears to have been the unspoken motto of English medical women since the days of their struggle in Edinburgh, and the need of a children's hospital once keenly felt, it followed inevitably that the need would be supplied.

First, a few informal talks, then a Managing Committee formed: then the renting of 688 Harrow Road, and behold, "The Women's Hospital for Children," ready for out-patients on February 1, 1912. And how it was appreciated! Within a few weeks over 400 cases had been treated, and every week brought an increase in the number of patients.

In March, 1912, a letter was sent out, stating the number of cases dealt with since the opening of the Hospital, thus proving the need of such a centre in that neighbourhood, and appealing to all those interested in the furtherance of the educational opportunities for women, to help forward the work. This appeal met with sufficient response to enable the Committee to take a second house adjoining the first, and later this was opened, providing a convenient room for ophthalmic work, an isolation room, a Secretary's office, and (most necessary) better accommodation for the matron. Then, with permission of the landlords, "the Artisans, Labourers and General Dwelling Co., Ltd.," two rooms were thrown together on the upper floor to make a ward.

Small, as befits a Children's Hospital containing only seven cots, but particularly

attractive with its white walls, blue curtains, and red bedcovers. Generally the patients are content to come into the ward; they are never quite content to go, and usually insist that at least they may stay till after dinner.

Such an Institution was bound to attract friends, so it is not surprising that at the annual Court, held in June, 1913, the Bishop of Stepney should address the meeting, and many influential people should be present. But the Hospital is for the children of the poor, and the poor have shown they appreciate this, for they, too, have done their share in helping forward the good work.

One hot summer day the trade unions and social societies of the neighbourhood organised a procession, and with bands, banners, and collecting-boxes, paraded the dusty streets, and afterwards handed a sum of £45 to the Committee to be devoted to the in-patients' department. That was a corporate action, but the more personal help of the individual is also given: one most useful gift for the convenience of waiting patients being a long narrow bench built against the wall by a workman friend of the Hospital, who did it after hours. Real charity that:

knocking in nails instead of having a quiet pipe after the day's labour ! Needless to say, all this is most encouraging to the authorities, as it shows how much the Hospital was needed and how well it is appreciated.

The Committee, at the beginning, entered into the usual agreement between hospitals and the L.C.C. for the treatment of school children suffering from the defects of vision, and diseases of the throat and ear.

It also accepted certain recommendations with regard to book-keeping which were made by representatives of the King Edward Hospital Fund, who visited Harrow Road. The desire that the Hospital should be conducted on the best possible lines and the care taken to achieve this, shows in the common-sense regulations for patients. In the case of out-patients, for instance, " an enquiry is made into the circumstances of each case, and patients who can afford to do so are required to take out a weekly hospital letter, for which 6d. is charged."

Again, " if the patient's income exceeds 40s. weekly, the patient is only seen for consultation or operation, and is referred back to his own doctor. In fact, every care is taken that medical and surgical aid shall

be given to those for whom it is intended, the really poor, and not for those who can afford private advice.

Hardly a day passes without some incident, pathetic or humorous, occurring which is worth repeating, but on my first visit to the Hospital, I heard none of these.

Dr. Garrett-Anderson, who kindly motored me to Harrow Road, and gave an hour of her valuable time to show me over the Hospital, was engaged in telling me facts and statistics —such as the encouraging progress made, and the need for increasing the building fund, so that adequate and permanent quarters may be secured.

When we entered the cheerful ward which suggested a comfortable nursery, a grin of welcome from the patients greeted the doctor. Two small girls holding clinical thermometers in their mouths, gurgled with delight when it was suggested that they were smoking cigarettes, but after that they were ignored, for a most important personage had to be brought to notice.

The doctor going to the end of the ward and picking up a stout and aggressive toy donkey, gravely introduced him as Bodkin, the latest arrival, she then continued her

facts. Still the stories are there, waiting to be told by matron or nurse to any one interested enough to pay a visit to this most interesting work, officered and managed by medical women.

CHAPTER III

CUPS OF TEA IN SOUTH LONDON

THE next Institution on my list was the South London Hospital for Women. This time I had to take myself, but was kindly given a note that would ensure my receiving all the information I wished from the Staff. Now, I don't feel astray in strange cities, but once away from the portions of London I have known all my life, I revert to the timidity of a former generation and dislike being alone. Therefore I wrote to a friend much interested in everything connected with the work of educated women, and craved her companionship. Not knowing how to get to the Hospital, I suggested we should meet at Victoria, and that she should pilot me to Newington Causeway. We met, and she, being a Londoner, was unwilling to confess her ignorance of the locality, so suggested a taxi as being more comfortable! This, I vetoed. Women going to the out-patients' department of a South London Hospital do not take taxies, and I wished to go as they would.

My friend remarked they would probably walk, but I pretended not to hear, and after enquiries made to a patient policeman, we boarded the right motor omnibus and finally reached the Elephant and Castle. Then a perilous passage across an appallingly crowded and noisy street, and we were in Newington Causeway. Arrived at No. 90, I handed my note to the porter. "I suppose you got the envelope grubby on purpose?" murmured my friend, "you thought it suitable to the neighbourhood." But again I did not hear, for the Secretary had greeted us and was ready with information. Listening to her account, I realised that Institutions, like individuals, have each their special characteristics, and one of South London's chief characteristics appeared to be its happy faculty for making friends, some of whom were able to show their goodwill and interest by signing their names to cheques that made the building of the Hospital a feasible proposition, almost as soon as the scheme was clearly outlined.

In 1912, the increasing number of medical women were feeling acutely the need of a second General Hospital devoted to the diseases of women, that would admit them on

its Honorary Staff, such hospitals in London, with the exception of the New Hospital continuing at that time the old and indefensible custom of being officered exclusively by men. From the patients' point of view, such a hospital was particularly needed in South London, the poor there being only too eager to receive the aid the medical women were ready to give. A Promotion Committee was formed (what would we do without those tiresome collections of people called Committees ?), and it was decided to establish in South London, a General Women's Hospital, to be staffed exclusively by women.

I remarked to an eminent surgeon during one of my calls in Harley Street, that working women seemed specially to appreciate being attended by medical women, to which she replied : "If you mean by working women, all women who work, including the highly educated working women, I agree with you." This must have been the feeling of the Promotion Committee, for it set out as its objects in establishing the Hospital, three things—

First : "to meet the growing demands among women to be treated medically by members of their own sex."

Second: "to provide in addition to the general wards, private wards at very moderate fees for gentlewomen of small means."

Third: "to afford further scope for post-graduate training for medical women."

This last object being as important as the others, when one realises that for training purposes there is nothing to equal the responsible work in a hospital.

Having progressed so far, there came the question of funds, but by August nearly £5,000 had been collected. A site for the Hospital had been bought at Clapham Common, and the scheme had materialised into an Incorporated Association. But more funds were needed, and more friends to give the funds, so the sensible Committee turned to the Press. It requested its friends to write to the daily papers, with the result that the idea was discussed and the attention of the public drawn to the need of a Woman's Hospital in South London—but that appeared to be all. The prospect was anything but encouraging to the promoters of the scheme. Then *some* one paid a visit to the out-patients' department, made various enquiries and evidently approved, for shortly after that, that same someone, who must remain anonymous,

wrote to the chairman of the Executive Committee offering the magnificent sum of £25,000 for the site at Clapham Common, and to help towards the erection of the Hospital. This was thrilling news, and the chairman called a meeting without delay in order to tell the Committee. Shortly afterwards, at the first drawing-room meeting, held in aid of the Hospital at the house of Lady Templemore, the gift was publicly announced by The Lady Bertha Dawkins, who took the chair on that occasion. That was a red-letter day for everyone interested in the scheme, and the money was accepted with such heartfelt gratitude that later, the anonymous donors with exceeding generosity, raised the sum to £35,000.

Then the work began to move forward in good earnest. An architect was appointed to prepare plans for a well-equipped hospital, which (notice the confidence of the women) would be capable of enlargement in the future. More drawing-room meetings were held, and very useful guilds formed.

The first guild formed was that for needlework : it has for its special object the raising of funds to supply the Hospital with linen and blankets, and also with necessary clothing

for the patients. There are twelve Vice-Presidents, and 166 Associates, and these Associates made all the dressing-gowns, surgeons' gowns, mattress cases, etc., for the in-patients' department, and are now engaged in supplying all the necessary linen for the Hospital.

Next came the Teachers' League, founded in March, 1913. Its object is to support one or more beds in the private wards of the hospital for the use of the women of the educational profession, belonging to the League. Subscribers being entitled to the use of the bed, free, or at a reduction to meet the income and circumstances of the patient. It met a real need, as is shown by the fact that already there are over 150 members, and the finances of the League are in a flourishing condition.

Next, the Professional and Business Women's League was formed in September, 1913, when a meeting at the offices of the Women Clerks and Secretaries Friendly Society was held. This has the same object as the Teachers' League, to endow and support one or more beds in the private wards for the use of its members. The minimum subscription for members is 2s. 6d. per annum. A

subscription moderate enough to allow all classes of workers to join—but the more prosperous women workers are glad to give more. They have joined, in many instances, because the League gives them the longed for opportunity of helping the less fortunate of their own class, who are not eligible for the ordinary hospitals, and on whom sickness and its attendant expense press more hardly than on any other class. At the present moment a Hospital Branch of the Association of University Women Teachers is in process of formation. Its object is similar to that of the Teachers' League, *i.e.*, to support one or more beds in the private wards of the hospital, for the use of its members. It is to be called a "Hospital Branch of the Association," but as it is still in the process of formation, I am unable to obtain further details.

The way in which all these Leagues are increasing proves how much the Hospital meets a real need.

But all this concerns the Hospital proper, which is not yet open. There is also the Out-patients' Department, which has been in working order since April 3, 1913.

It was decided from the beginning that this department should be separate from the

principal building, and situated where it would easily be reached by patients living in the crowded parts of South London.

With this object in view, the otherwise not very attractive Newington Causeway became a delightful locality, and 88 and 90, most desirable premises. They were quickly secured and adapted to be as convenient as possible.

On the ground floor is the patients' waiting room; the Almoner's office; consulting department; patients' dressing room; dark room; and a well-equipped dispensary.

The Secretary's office and the ophthalmic department are on the first floor. The remaining rooms are used by the staff and the resident caretaker.

The Almoner is a most important officer, for there is always the danger of charitable institutions being used, not by those for whom they were intended, but by that large number of people who live by their wits, and who expend more time and energy on getting things for nothing, than the honest worker does in earning a fair wage. Women who have done much social work, are quite alive to this fact, and the South London Hospital Committee have provided for it, by the

Almoner, whose duty it is to enquire into the circumstances of each applicant, and ensure that only suitable cases shall be treated.

The Almoner's work has another side. When the case is a suitable one and friendly relations are established, much can be done in the way of encouraging the patient to attend regularly, and carry out the doctor's instructions. If, in the course of the conversation the Almoner has reason to think the home conditions are unsatisfactory, friendly visits are paid, and everything possible done to improve matters. Often nourishment and rest are more needed than medicine, then invalid dinners are arranged, and a district nurse asked to attend the patient and see that she rests as much as is necessary. The out-patients' department is very fortunate in having an invalid kitchen quite near the Hospital, where dinners to suit the special needs of the case can be procured for a penny a day.

Another comfort for the out-patients is the steaming tea-urn in the waiting-room. What that big cup of excellent tea with biscuits, for a penny means to many a weary weak woman, more fortunate people can hardly realise.

Nearly every one has at one time or another spent a little while waiting to "see the doctor." Even under the most comfortable conditions, where one knows there is nothing serious, and the doctor to be seen is well known, and perhaps even a personal friend, that time of waiting is singularly long and dreary. The various periodicals on the table seem uninteresting and quite unlike the copies of the same journals read elsewhere. But instead of that twenty minutes wait in a comfortable room, the "out-patient" sits on a hard bench for sometimes two hours or more, with very often all sorts of undefined fears, added to the shyness she is feeling in having to talk to the doctor and the dread of not being able to explain her symptoms. That is, perhaps, the chief reason why poor women like to go to the "Ladies' Hospitals"; the time of waiting is made as comfortable as possible, and when at last she is summoned to the doctor, the poor woman finds another woman, who asks plain questions easily understood and answered. If an examination is necessary there is a room where the patient can undress, and a comfortable dressing-gown for her to slip on.

It is those thoughtful details that make

such a difference to the feelings of the patients, who realise that in every possible way they are considered and helped. The Staff: doctors, nurses and others who are at the service of the patients, do their work so quietly and efficiently that in describing a hospital they are apt to be entirely overlooked, and yet that smooth working institution is not attained without much individual self-sacrifice.

The doctor or surgeon may have been up half the night with a private patient, but at her appointed time she arrives at the Hospital, sees perhaps forty or fifty patients, with all of whom she has not only to use her medical skill, but constantly all her woman's tact and patience. This is equally true of the nurses. Then the Secretary, who may be overwhelmed with work, must be ready to put it aside and see visitors, some of whom may waste an hour or more of her valuable time. Still, it is all in the day's work, and the visitor is welcomed and shown over the hospital with a readiness that quite prevents her realising how much she is breaking into the day's routine. I speak from the experience of that hot afternoon spent at Newington Causeway, asking questions that were fully and patiently

answered. When we rose to depart, though we were not patients, but enquiring visitors, we were told we should not be allowed to leave that busy Institution until we, too, had been refreshed with tea.

CHAPTER IV

MOTHERS AND BABIES AT CLAPHAM

THE unexpected tea mentioned in the last chapter had a most invigorating effect on my friend, and the realisation of what medical women had accomplished in South London made her eager to learn more about them and see other of their institutions.

"Isn't there a maternity hospital in the charge of lady doctors at Clapham?" she questioned, and when I replied that there was, and that I had a letter of introduction to Dr. Annie McCall in my bag, she insisted on going at once, saying: "we are half-way to Clapham already, and there is no time like the present."

Finding it difficult to resist such enthusiasm, I fell in with her wishes, and a few enquiries, and a twopenny tram-fare, took us from Newington Causeway to the Clapham Maternity Hospital, which has been doing excellent work under Dr. Annie McCall for over a quarter of a century.

We were fortunate in finding Dr. McCall at home, and with time to spare to tell us the

history of the Hospital, which is so interesting that I shall begin at the beginning.

So long ago as 1866, there was a Dispensary for the General Diseases of Women and Children in the neighbourhood, under the management of the Medical Mission, which proudly boasted that it had two fully-qualified medical women attending as physicians. The Dispensary, of course, was for out-patients only, and it was not until 1899 that a Maternity Hospital containing twelve beds was opened, Dr. Annie McCall being the Resident Physician and chief organiser of the work. It had two objects in view, which it clearly stated—

First; it desired to afford means, "by which poor women could be carefully attended at their homes, in their confinements, by gentlewomen, medical students, or trained nurses, under the immediate supervision of fully-qualified medical women, instead of being left to the care of ignorant, uncertificated and often intemperate midwives."

Second; it desired to give opportunities "of obtaining a training in midwifery, under doctors of their own sex, to gentlewomen, especially pupils of the School of Medicine for Women, and to Missionaries."

For the last few years hygiene has become

to a certain extent fashionable, and much is heard of the care of infant life, and the necessity of good food for the mother. But when this hospital came into existence hardly anyone thought of such things.

It is said that seventy out of every 100 of the mothers of England were at that period, attended not by doctors, but by midwives, and as opportunities for teaching and training such women were practically non-existent, the "peril of childbirth" was a very real thing. In case this should seem to contradict the earlier part of the book, in which it is stated that men doctors were employed at this time instead of midwives, it should be explained that that remark referred to the well-to-do. The poorer women employed midwives, and as the poor were in the majority, it accounts for seventy out of every 100 mothers being attended by midwives.

As for "Lying-in Hospitals": London's 5,000,000 inhabitants possessed only four, and the four together could muster but 121 beds. This was partly because of the danger of puerperal fever occurring, when several maternity cases were brought under one roof, the mortality having been so great that "Lying-in Hospitals" were much out of

favour. Indeed, the prevalent opinion was for closing the few that did exist.

Doctor Annie McCall, who, among the earlier medical women had given special study to this subject on the Continent, as well as in England, felt sure that the new antiseptic methods would make a great difference to midwifery as well as to surgery.

She therefore determined to have the courage of her opinions, and to make the venture of opening a fifth maternity hospital in London. Medical women at this time were still, to a certain extent, on their trial, and maternity hospitals, as has been explained, were distinctly in disfavour. In spite of this, Dr. McCall's plan was warmly supported by a number of women who felt that the more careful training for medical students and midwives in obstetrics was one of the urgent needs of the day, and who realised that to obtain this, clinical teaching in a hospital was essential. For the sake of the poor, also, who would have a better chance in a hospital worked on asceptic lines than in their own over-crowded, ill-ventilated homes, the ladies felt it was desirable to make the experiment. But, at this date such an institution was an experiment, so there was no use attempting

to build special hospital premises. They had to be content with first one, then two, finally four houses in Jeffrey's Road. These were adapted and made useful if not ideal quarters. From the beginning there was no lack of patients, and certainly no lack of workers waiting to be trained. There were students, at the Medical School for Women, glad to come down to Jeffrey's Road for practical midwifery. There was, too, an ever increasing number of nurses who felt it ridiculous to call themselves fully trained, without practical knowledge of the nursing required in the third branch of a doctor's work. Lastly, women going into the foreign mission field were awakening to the need of being able to help, in their confinements, the women whom they were endeavouring to Christianise.

As regards medical students, as far back as 1893 the yearly report of the Hospital is able to remind its readers that "the certificate of this institution is recognised as qualifying for examination in midwifery, by *all* the medical licensing bodies that admit women to their examinations." There was, of course, at this time the London Obstetrical Society, which did its best to help

to a better state of things by instituting examinations, and the better class of obstetrical nurse usually obtained an L.O.S. certificate. These certificates conferred no legal status, however, and there was nothing to prevent an unscrupulous woman with no training or experience from calling herself a midwife, and practising as such. There is no doubt that the efforts for improved midwifery made by the L.O.S. and the Clapham Maternity Hospital, helped to bring into notice the need of widespread reformation in these matters, which resulted in the Midwives Act of 1902.

This came into force on April 1, 1905, after which date all persons who wished to work as midwives were compelled to have their names placed on the Government register, and in order to be registered they were required to show a certificate of proficiency awarded after examination by the Central Midwives Board.

In connection with this it is interesting to quote the following paragraph in the Hospital report for 1906—

> We venture to think that it will be a satisfaction to our subscribers who, as supporters of the Clapham Maternity Hospital, have so long identified themselves with the movement for improved Midwifery among the poorer classes

of English women, if we mention that our director, Doctor Annie McCall, was one of the doctors selected by the Central Midwives Board as Examiner under the new regulations, and, further, that she was chosen by co-option upon the midwives Act Committee of the London County Council, appointed to supervise the carrying out of the new Act. She has also the honour this year of serving as Vice-Chairman of that London County Council Committee, which is the local supervising authority for London.

The choosing of the Director of the Clapham Maternity Hospital as an Examiner under the new Act proved conclusively that she had been justified in her venture of 1889, and that the Institution had been successful in the eyes of those whose knowledge gave them the right to judge such a matter.

The Hospital admits both married and unmarried women.

First : the married women are received from London or the country, but preference is given to applicants from the neighbourhood of Clapham or Battersea.

Second : unmarried patients are only received in cases of first confinement. It is felt that this comparatively respectable class, who have fallen for the first time, need special attention. By being admitted to this Hospital, they are saved from contact with women of debased character, which cannot be prevented when they go to a Workhouse Infirmary. At Clapham, these patients are

not only kept from women worse than themselves, but, as far as possible, kept from each other, being placed in the wards with the married women. Though the work is purely medical, and not connected with any religious institution, it co-operates with all rescue homes and societies.

In regard to payment, a small charge on a sliding scale to meet the circumstances of the patient is generally made, but exceptional cases are received free if the funds at the disposal of the Hospital permit it.

The nursing of the patients is carried out under the supervision of a matron, who is a fully-trained nurse, and under her women are instructed in monthly nursing. The charge of all cases, however, normal as well as abnormal, is undertaken by the doctors.

As the years passed, the advisability of enlarging the Hospital became more and more apparent. Extra rooms were needed, and the administrators of the King's Hospital Fund were favourable to the scheme, and promised financial support.

Then came the passing of the National Insurance Act of 1911, which, in the opinion of the Committee, complicated matters and imperilled the very existence of the Institution.

How many people, I wonder, who constituted themselves critics of that much discussed Act, realised the difficulties that might arise from one of the clauses that read—

"No payment shall be made on account of maternity to, or on account of, any person during any period, when the person in respect of whom the benefit is payable is an inmate of any hospital, infirmary, etc., supported out of public funds, or by charity, or by voluntary subscriptions."

Those in charge of the Clapham Maternity Institution, however, at once grasped the fact, that if the privilege of sharing the maternity benefit were denied to hospital patients, the number of applicants would be greatly diminished, and the proposed enlargement of the Hospital would be unnecessary. Another, and more serious result of the clause, would be the obstacles that would be put in the way of carrying out the Midwives Act of 1902. Advice was taken, and the building, with the willing consent of the King's Hospital Fund, was postponed till the Insurance Act in all its clauses should be fully explained by the Commissioners. In the meantime, the hospitals all over the country impressed on the Commissioners, that the schools for the training of medical students,

and pupil midwives, would collapse if patients were discouraged from entering a hospital by the fear of losing the Maternity benefit.

The evil that would result, to the women of all classes, if clinical training in midwifery should not be available, was of course obvious to those who were trying to work out the details of an Act, which was passed in order to improve the national health. After nearly a year had passed, the Commissioners explained the clause in a manner that permitted a hospital patient to claim the bounty; the fact that an in-patient could not claim it till the fourteenth day, whereas an out-patient can get it on the fourth, was a detail that would not prevent any woman from applying for admission to the Hospital.

The Clapham Maternity Institution claims a portion of the 30s. bonus in addition to the small charge it has always made, and applies the money of subscribers for the benefit of the uninsured, and for the post office contributor who does not benefit by a maternity grant. This, I am told, has been done by the other maternity hospitals of London.

This very weighty matter being satisfactorily settled, the Hospital proceeded to enlarge its premises, but has been delayed

by the builders' lock-out, and the work is not yet completed. As we listened to the story of this useful Institution we began to think of all the steady daily work that has gone to make the Clapham Maternity Hospital what it is to day. Founded at a time when neither medical women nor maternity hospitals were popular, it steadily persevered, overcoming first one obstacle then another.

It is comparatively easy to begin a new work, and even to keep it going for a time, but to go on year after year is more than difficult, yet when I asked for certain detailed information from the doctor, who had been at Clapham for twenty-five years, I found her still full of enthusiasm for the Institution. One more fact must be mentioned before closing this chapter, that is, the opening of the Tubercular Dispensary in Albert Bridge Road, in 1912. Though the work is comparatively expensive, the Committee feel justified in continuing it, as the results have been most encouraging. The treatment enables the working man or woman to get rid of the "White Plague," while still remaining at home and supporting themselves or their families.

CHAPTER V

AT WORK IN BRIGHTON

FROM Clapham to Brighton is a short run in a quick train, and it is a journey worth taking by anyone really interested in the work of medical women.

Now, most people know Brighton, many who visit it regularly think they know it well, but their knowledge is generally limited to the hotels, the wide sunny Front, the sheltered Madeira Walk, and perhaps Rottingdean, and some other interesting places within a drive.

In this chapter I want to bring to their notice quite a different side of Brighton life, a side that comparatively few visitors know or think about. The Brighton of mean streets, and persons limited by poverty who inhabit them, and who often just because of the strain of poverty, become more hampered still, in the struggle for existence by physical and nervous illness. What happens to them, and where are they to go for help if they are not eligible for the County Hospital, or Workhouse Infirmary ?

What happens to another large class in

Brighton ; the woman of very limited means or the educated woman earning her living and through illness losing her position and her salary, if not permanently, at any rate for a time ?

Both these questions have been faced by the medical women in Brighton, and answered to a certain extent by an Institution of theirs called "The Lady Chichester Hospital for Women and Children."

It has three branches : one for nervous cases, in Brunswick Place, and another for medical and surgical cases in Ditchling Road, with an out-patients' department adjoining.

This comprehensive hospital did not come into being at once, but rather developed by slow degrees, as the need for such an Institution was experienced.

Medical women as a whole were no longer on their trial, but they were not known in Brighton when, in August, 1897, Dr. Helen Boyle and Dr. Mabel Jones settled in the town.

In accordance with medical etiquette they called on the resident doctors, and were received courteously, but warned that there was not much of an opening for them.

One gentleman explained, that in all his

practice, extending over many years, no patient of his had ever expressed a wish to be attended by a woman.

It is a little incident worth recording in these sketches, that within a fortnight a patient of this gentleman insisted on having one of the lady doctors called in consultation.

The beginning of the Hospital was the founding of a Dispensary. This was in 1898, and the late Mrs. Martindale, so well known for the practical help she always gave in every branch of women's work, supported the scheme and helped to form the Committee.

The Branch for Nervous Cases was not, strictly speaking, a development of the Dispensary, but the outcome of Dr. Helen Boyle's experience of nervous and mental illness. She held for a time a post in a county asylum, and afterwards went to a Medical Mission in East London, from which district had come many of her asylum patients. In the Dispensary of the Medical Mission she saw, to use her own expression, "these asylum patients in the making," and she began to realise the need of a hospital for just such cases.

Later on, when she settled in Brighton, she again came across many early nervous cases

among the poor women who flocked to the "lady doctor's Dispensary." Feeling the need she began, according to the custom of English medical women, to see how the need could be met, and the opening of a "Nervous Hospital" began to be seriously considered.

The objection of overlapping was raised, as there was already the County Hospital in Brighton, but Dr. Helen Boyle pointed out that the Institution in contemplation was chiefly for nervous patients: if, however, the County Hospital would provide a ward for such patients, she would visit them there and abandon the idea of a separate building.

This suggestion the Sussex County Hospital did not fall in with, so the need could only be met by founding a new institution.

A Council was formed: an enthusiastic party of women who worked so hard that in the following spring (1905) a house was taken in Round Hill Crescent. It contained eleven beds, but this soon proved hopelessly inadequate, and the Committee searched for larger quarters. It is always difficult to find the right house in the right place, and for the right rent, but in time this was accomplished, and in June, 1912, the present house, No. 70 Brunswick Place, Hove, was decided on.

Then came the usual work of adaptation, and furnishing, in order to provide a thoroughly hygienic, and at the same time as attractive a hospital, as could be managed. Strict economy had to be practised, but nothing was left undone in essential matters, such as sanitary accommodation, bath rooms, etc., and the Council felt satisfied with the alterations when the house was opened, and ready to receive thirty-three patients; just three times as many as could be taken in at Round Hill Crescent.

This Branch of the Lady Chichester Hospital has the distinction of being not only the first hospital for nervous borderland cases, founded, officered and carried on by women, but of being the first of its character in England; up to the present, it is the only hospital in this country that provides treatment for every form of early nervous breakdown. Many a poor woman suffers from over-strain, owing, perhaps, to extra work entailed by the illness of her husband or child, or to lack of proper food which, again, is owing to lack of an adequate wage. While not eligible for an ordinary hospital, she is really seriously ill, and in order to recover, it is essential she should be taken away from her

usual surroundings, and given careful treatment. Such cases are admitted to 70 Brunswick Place, Hove, which announces that its aim is to restore to a useful place in the world just such invalids, who are most valuable to the community, being often mothers of families or breadwinners, on whom the comfort of the home depends. How much such a hospital had been needed and appreciated can be gathered from a glance at the yearly reports. Applications for admission are received from all over the country: from Sussex to Dublin, and from Wales to the North-Eastern counties.

In quite another part of the town, or to be strictly accurate, in the sister town of Brighton, is situated the other Branch of the Lady Chichester Hospital, that for surgical and medical cases, to which is attached a dispensary for out-patients.

There is one adjective in the English language which, when not obviously used to denote size, is always a term of endearment, and that is the word "little."

Now, the Medical and Surgical Branch of the Lady Chichester Hospital is always referred to by the people who know it, as the "little Hospital," and that conveys a great

deal more than could be explained in pages of writing.

It was wanted and thought about long before it came into actual existence.

In 1907, Dr. Louisa Martindale settled in Brighton, having been invited to be Senior Physician at the Dispensary, which had been doing good work ever since its opening. No letter being required, the patients came when they needed medical advice, instead of waiting till they were almost past help, as so often happens if the slightest obstacle is put in the way of a working woman taking care of that most valuable possession, her own health.

On the afternoons and evenings that the Dispensary was open, the waiting-room was filled with women and children.

Much was done for the patients, but the doctors often realised how much more could be accomplished if only there was an in-patients' department. Again and again a cure could have been quickly effected if the patient could have been taken in, but such a branch could not be opened and maintained unless definite help was forthcoming.

In 1912, however (a rather lucky year for women's hospitals) two very generous offers were made for the purpose of starting the

much needed and longed-for in-patients' department. A friend offered to pay the rent and rates of the house adjoining the Dispensary, for a period of three years, and another practical sympathiser offered £200 towards the furnishing of the house. With two such generous offers as a foundation, the Council decided that the long cherished scheme of a Medical and Surgical Branch of the Lady Chichester Hospital could be undertaken.

At once the adaptation began; the two houses, Nos. 4 and 6 Ditchling Road, were made to communicate, and the entire lower floor of the premises fitted up for the use of the out-patients. It contained waiting-rooms, consulting room, and dispensary. The upper part of the block was converted into a hospital for in-patients, containing two wards and two or three single rooms, in all providing accommodation for twelve patients, rooms for the Staff, and most necessary, an operating theatre, thoroughly equipped and perfect of its kind.

To see that this branch, too, was sorely needed, one has only to take another glance at the yearly report of the Hospital.

The beds are always occupied, and the

report, like all other hospital reports, gives facts as to the number of medical and surgical cases admitted, the length of their stay and whether they are discharged cured, or only relieved.

This conveys much information to experts, no doubt, but is about as interesting to the ordinary person as a catalogue of groceries. The patient who lay for five weeks in the bed nearest the sunny bay window, for instance, is stated to have suffered from a certain disease about which the ordinary reader knows nothing, and hopes he never will. It *would* interest him, if he knew certain other facts about this same patient not to be mentioned in reports. The fact that she was a little anxious-faced woman with wavy hair and pathetic grey eyes: that she was adored by her big rough husband, whose love for her, nevertheless, did not always keep him sober; and that the cause of the disease could be traced to the woman's weary struggle to make shillings go further than was possible, resulting in her going without necessary food that the rest of her family might have enough. If, added to this, the reader also knew that these five weeks were the happiest and brightest period of her whole

life. That it was luxury to her, to lie in the comfortable Lawson-Tait hospital bed, and gaze at the flowers the nurse put in the vase on the glass-topped locker by her side, and that the greatest help of all was the comfort she received when she talked over her family anxieties and troubles with the kindly clever doctor who she soon discovered was a sympathetic understanding woman, as well as an M.D. and a Surgeon. If, as I said, the ordinary reader knew these and similar facts as well as the brief scientific records of the patients, he *would* be interested, so much so, that I think the Ditchling Road Hospital Committee would never again have to discuss deficits at the end of the financial year.

There are single rooms, as well as the wards in the Hospital, and they are available for those who, while not actually poor, are unable to afford the heavy expense of a nursing home. The English educated classes are well practised in the virtue of giving: they give generously in season and out of season, and often at a real sacrifice, but they seldom seem able to practise that equal virtue of generously, *accepting* help for themselves when it is needed through some unfortunate change of circumstances. It is

always said they are "a most impossible class to help." The Lady Chichester Hospital meets this difficulty by offering single rooms with the best of medical and surgical attendance at a cost of from two to three guineas a week, and the people with limited purses and unlimited pride have, when ill, accepted the kindly help thus afforded and have been glad to do so.

It has one great difficulty: the need of expansion and so far the lack of funds to enable it to do so. During the summer of 1914, the adjoining house was taken. Although this addition was felt by the Committee to be very much a venture of faith, it was absolutely necessary. To this third house the Staff was removed. Here is the matron's sitting-room, and the nurses' bedrooms. These are not only sufficiently large and comfortable, but also pretty and bright. While it has not been feasible to allow the eight-hour shift which prevails at Harrow Road, the thoughtful care of the nurses is as apparent here as in any other hospital managed by women. One has only to talk to the matron to realise her motherly care of, and interest in them. They get not only the necessary amount of fresh air and rest, but

as much more as can be arranged for without detriment to the efficient working of the Hospital.

A last and most necessary addition to the Institution, being the small but reverently cared-for mortuary.

In regard to the Out-patients' Department, though, as has been stated, no letter is required, the out-patients were usually charged 3d. for their medicine, and this charge, since the war, has been advanced to 6d. Though they now have to pay just double, it has made no difference in the attendance, the women preferring to pay 6d. rather than go elsewhere gratis.

When the work of this Hospital is sufficiently well known to be talked about in the comfortable hotels on the Front, there is no doubt it will secure increasing support from those who can afford to spend a few weeks for pleasure or health at Brighton, and who do not, in their own happiness, forget the needs of their less fortunate neighbours.

CHAPTER VI

EAST, WEST AND NORTH

THE last few chapters give some idea of the work carried on in the Hospitals, officered and managed by women. Those already described have, for one reason or another, a special claim to attention, but the list of the women's institutions is by no means exhausted, and each hospital has its special interest and history.

In more peaceful times a chapter could have been written, and I think, read, about each of them; but war came and showed a new need for medical women, and their response to that need is so interesting that I cannot pause to give a detailed account of each of their institutions, founded and carried on, in the time (so long ago it seems) of peace. Nevertheless, I must just mention these hospitals before I take up the story of the work of medical women during war.

There is in the East End of London a

small building, with the long name of "The Canning Town Women's Settlement Hospital for Women and Children." It is worth a visit, especially if the visitor has never been in that part of London. I shall never forget my first impressions of what I discovered to be a place of two-storied houses and much airiness. Fashions, even in charity, change, and there is not the enthusiasm for going "to the East End and elevating the masses" that there used to be some years ago, when I remember a friend of mine used to spend two evenings a week at this work, and in response to my question as to how she "improved the lower classes," replied, she sang "Ta-ra-ra-boom-deay!" But though that sort of philanthropy has gone out, the real work goes steadily on, and the Women's Settlement and the Hospital connected with it, daily practise their ideal; which is, "To live to the highest in all things that pertain to us, and to lend a hand as best we can to all others for this same end."

What a large part medical women have taken in carrying out this ideal, and how well they are known in Canning Town, is best illustrated by a discussion between two

children which was overheard by a lady working in the Settlement.

They were contemplating a man who was obviously neither a workman nor a clergyman, and wondering what he could be. Finally, one child tentatively suggested he might be a doctor, but was immediately laughed to scorn—a doctor, he was told, was always a lady!

Far away, at the other end of England, is the Bristol Private Hospital for Women and Children, which has been doing excellent work since 1896, and where the lady doctor is as well known and as popular as she is in the East End.

There is also the Edinburgh Hospital and Dispensary for Women and Children, which, though not in England, can not be entirely omitted in this book because of its connection with the late Miss Jex Blake, by whom it was started on a very small scale in 1878. A tiny Dispensary at first, looked at with severe disapproval by some, and with the warmest sympathy by others, it has developed year by year. First into a hospital for in-patients, later on amalgamating with the Hospice, later still, in 1910-11, adding a new wing, which trebled its capacity, and which

was opened by Queen Mary on the occasion of their Majesties' State Visit to Edinburgh after their coronation.

Quite recently the King gave permission for a newly-endowed bed to be called "The Queen Mary Bed," and her Majesty has given instructions that a cot in the Hospital shall be named after the Prince of Wales. The days when the women were struggling for recognition at Edinburgh must seem very difficult to realise to the younger generation, who are working at the Hospital and have only experienced continuous development and success.

There is also the Children's Hospital at Hull, and in connection with it a convalescent home in Hornsea, which quite early in the war was commandeered by the Government for any wounded soldiers and sailors who might be sent to that town.

In addition to these, the towns of Birmingham, Leeds, Liverpool, Newcastle, Nottingham, Wolverhampton, York and Glasgow, all have hospitals which have women on their staff, and, since the war, others, notably those for children, have taken women residents. Then there is the work of medical women in India, in connection chiefly with

missions of various denominations. What they have done in the Zenanas alone would take a volume to adequately describe. In Australia, New Zealand, and even in Central Africa, they are to be found working steadily on, and appreciated increasingly as they are better known.

CHAPTER VII

THE MILITARY HOSPITAL AT PARIS

BEFORE I begin to tell, in methodical fashion, the story of the Expeditionary Force of English medical women to the Front, and try to give a glimpse of their work among the wounded, I would like to make clear that I am not claiming for them superior courage. All women have been conspicuously brave in this war—witness the "Woman Governor of Soissons," who, when the Germans entered the town, took the place of the Mayor, who had left with the other fugitives, and who managed, with the aid of the Bishop, to run the town both during the German occupation and after.

The Belgian Sisters of Mercy, also, the soldiers tell us, went quietly about the streets of Antwerp when firing was going on, seeking the wounded and doing what they could to aid and succour them. But, added to courage, the medical women have the knowledge and skill that enables them to use all the best and newest scientific methods to restore the soldier to health and usefulness.

I must also make quite clear that while this chapter tells the story of the first Women's Hospital Corps at work in this war, these doctors are not the first medical women to render assistance to wounded soldiers; Dr. Alice Hutchinson, Dr. D. Tudor, and Dr. E. Ramsbottom, having formed part of the contingent organised by Mrs. St. Clair Stobart, to render assistance during the war of the Balkan States against the Turks. In her interesting book, *War and Women*, she speaks of the splendid services which these three doctors rendered to the wounded, and the spirit in which they accepted all the hardships of the expedition.

But in this war the Paris Corps were the first at work.

Just how and when the women resolved to raise a Hospital Corps of their own I do not know. One day, towards the end of July, I was at the Harrow Road Hospital for Children, listening to Dr. Garrett-Anderson's description of it, and thinking such an Institution pre-eminently woman's work.

Nothing could have been further from the mind of either of us than war, yet six weeks later she was in charge of a military hospital, and operating sometimes for seven hours at

a stretch—a feat of endurance that will be appreciated by any surgeon, and which even seemed wonderful to the unskilled helpers who do not realise the physical and mental strain involved.

Now for a practical detailed account of this corps. It was raised and equipped entirely by medical women, and its services were gratefully accepted by the French Government and placed under the patronage of the Croix Rouge de France.

In order to have all the apparatus necessary for their medical and surgical work, at least £2,000 was needed, and this was quickly collected. As in the case of the founding of the Children's Hospital, it was "deeds, not words," and little or no time was wasted over the preparations.

On Tuesday morning, September 15, 1914, a day to be remembered in the history of medical women, a crowd of friends and sympathisers gathered at Victoria Station to bid the Corps God-speed. There were in the party, women surgeons and anaesthetists, a physician, a pathologist and dressers, together with a staff of trained nurses and men orderlies, and, because one of the "English" lady doctors was a Scotch woman,

every member of the Corps wore a sprig of white heather.

They arrived in France with literally tons of supplies of various kinds, which were forwarded to Paris free of charge by the French Government. Claridge's Hotel was placed at their disposal, and was soon transformed into a convenient and luxurious hospital.

On the ground floor are lofty, sunny, airy wards, and not many hospitals have a better theatre. There is a dispensing room on one side of it, and on the other a room where the instruments and linen, etc., are washed and disinfected.

The doctors say that the mornings are taken up by the dressings. This is weary work for patients and attendants, as it sometimes takes a couple of skilled dressers an hour to do the bad cases. In the afternoon the operations are performed. The X-rays are of great use in locating the bullets, and also in ascertaining the depth they have penetrated. A new and rather lengthy method of being photographed, according to Thomas Atkins. But once accurately located the extraction is a very speedy affair.

For the bullet which has wounded him,

the soldier evinces a decided attachment, always demanding it, and putting it with his most treasured possessions. In connection with this, a rather quaint quarrel took place between a soldier and his nurse in the early days of the war. Being the first bullet at the extraction of which she had assisted, the nurse claimed it. The soldier said it was the first bullet he had received, and therefore he wanted it. The nurse retorted that if he had wanted to keep it he should not have had it extracted! and triumphantly retained possession of the coveted bit of lead.

As soon as the hospital was open the wounded were brought in, and they were not the slight cases, these went further on. It was the badly wounded requiring immediate amputation, or some more serious operation, that went into the "Women's Hospital." A crowd used to gather to see the wounded carried in, their curiosity changing to whole-hearted admiration at the quiet efficient way in which it was all managed. Their comments were interesting, and one incident at least is worth recording.

It is one of the days when a batch of wounded soldiers is being brought in, men horribly mutilated and disfigured by shrapnel,

whose wounds, probably hastily dressed on the battlefield itself days ago, have not been touched since. One thinks of what the mere taking off of the tattered dirty clothing and the cleansing of the wounds must be; a terrible task for nurse and patient, and one grows sick with the horror of it all as stretcher after stretcher is carried in. Presently a Frenchman, who has been helping to carry in the wounded, comes out of the Hospital, his eyes are full of tears, his whole figure expresses emotion.

"These ladies," he cried, addressing the crowd, "are wonderful, they go about their work as calmly as if they were keeping house!"

It is an absurd simile, but the smile it provokes among the spectators is a welcome relief after the strain.

Within, in the Hospital, the men are being undressed, their wounds examined, and everything that science and sympathy can suggest, is being done for their comfort. Not a second is wasted, but there is no appearance of haste, the doctors and nurses working as quietly and methodically as if there was no such word as hurry in their vocabulary. They are dressed in khaki uniforms, the

doctors wearing walking skirts and Norfolk jackets with distinctive shoulder straps to denote their rank.

Mrs. Curnock, writing from Paris about the hospital, says—

"There is a wonderful atmosphere of sympathy and home about the wards, and the men are not slow to respond to it. How plucky they are, too, and generally rather proud of their wounds, and even more proud of the wounds of the man in the next bed." She goes on to tell of the baby of the hospital, aged 17 (he did not tell the recruiting sergeant that fact), who has a smashed thigh, but is proud of it all: the smashed thigh, the regiment he belongs to, and the fact that he was so big when he joined the army over a year ago, that his statements about his age were received without questioning.

The big sunny wards, and the big men lying smoking and joking at intervals is rather a contrast to the house of toys and children in Harrow Road, but there is little time for the doctors to indulge in retrospection, and there is no doubt they are needed and appreciated in Paris just now.

In the big wards are the privates, but there are two smaller wards of seven beds each,

and these are for the officers. The Parisian men and women are generous with their gifts, so the men have a liberal diet with occasional luxuries in food, and also the greater luxury of flowers. As for dressings for the wounded —well, the Women's Corps brought a whole ton of wool with it, and half a ton of lint, so that ought to last a bit.

While all this is done for the material comfort of the soldier, his spiritual needs are not forgotten. Chaplains, Catholic, Anglican and Protestant, attend the Hospital, and how much their visits are looked forward to and appreciated is a revelation to those who think that men are "not interested in religion."

And for those who have to make the last sacrifice of giving up their lives to their country, there is the peaceful, reverent mortuary chapel. The bier is covered with English and French flags, and on the simple altar stands a cross, the sign of redemption and ultimate victory to Catholic and Protestant alike.

Then, when the tired body is laid to rest in the Pantin Cemetery ; when the last shots have been fired by the French picket, the doctor sits down to the last and most womanly task of all, that of writing home and giving

all the particulars and all the little details that she can to the sorrowing family.

Claridge's Hotel is transformed, as to-day Paris is transformed, her gaiety having developed into courage and cheerfulness, and the medical women who work without ceasing there, forget their weariness and fatigue in the honour of being able to serve their country so efficiently.

CHAPTER VIII

UNDER FIRE

Now, this chapter in the history of English medical women, brings them more to the front (in more than one sense of the term) than ever. It brings them right into the firing line, and shows how steadily and efficiently they can work amidst the shriek of shrapnel and the roar of the big German siege guns.

On the walls of the room in which I am writing are pictures of Antwerp, the Cathedral, with its exquisite spire, the Bourse, and other beautiful buildings, picturesque street corners and sketches of the adjacent country, with its straight tree-lined roads. To those who have known Antwerp in times of peace, who remember it when afternoon fades into evening, and the shining waters begin to reflect the brilliant street lights, it is difficult to picture the Antwerp of last September, when the Women's Hospital Corps, organised by Mrs. St. Clair Stobart, arrived there.

Antwerp appeared to be going on much as usual, but its picturesqueness had largely

disappeared, for there were no lights in the streets, and by eight o'clock the whole city was in darkness. The King was still there, but most of the well-to-do people had left. Those who remained were intent on business, mostly the business of looking after other people.

The Hospital Corps, consisting of six medical women; Dr. Florence Stoney (in charge), Dr. Joan Watts, Dr. Helen Hanson, Dr. Mabel Ramsey, Dr. Rose Turner, and Dr. Emily Morris; twelve nurses and ten orderlies, including three cooks and one interpreter, established themselves at the invitation of the Belgian Croix Rouge and the British Consul-General, in the Music Hall. This was on September 22. Here they arranged over 100 beds, placing them in rows down the floor, and on the platform where the orchestra used to sit, and in a little room leading out of the hall, they had a few more beds.

Their watchword was *efficiency in everything*. This was shown in their equipment, which, in addition to the ordinary necessities of a military hospital, had an X-ray outfit, presented by Lady Cowdray, which included a "Coolidge tube." This is an American

invention, which is extremely useful in locating bullets and pieces of shrapnel. It was the first seen in Antwerp, and I believe one of the first three used out of America.

As fitness on the part of the staff is necessary in order to obtain efficiency in work, all possible care was taken of them, and Dr. Joan Watts had a twenty minutes' drill in the open air for them daily, before they went on duty.

They were determined the Hospital should be airy and bright: the first point, airiness, was comparatively easy, as there were French windows all down the hall, and these were always kept open with screens placed in front of them in order to prevent too much draught. As for brightness, the cheerfulness of the Staff and of the wounded, and the bright red bed jackets of the men, all combined to create that atmosphere.

As soon as the Hospital was ready, its operating theatre and X-ray room in working order, with electric light and plenty of water, patients were sent. At first only "light cases for the ladies," and the Belgian doctors and others visited the Hospital to see how it was being managed. In a couple of days this state of affairs quite altered, and the more

severe cases from the trenches were sent to them.

While not yet actually under fire, the women were becoming accustomed to the noise of the big guns, as the Germans were shelling the trenches outside. They were firing from a distance of eight miles, so that the Belgians were not able to even see their enemy.

A few days later, German aircraft flew over the city, so high up that the Belgian guns could not reach them, though they were able to drop pointed arrows with deadly effect on people who were in the streets at the time.

The Corp's first experience of being actually in the firing line, was when the end of a fuse of a round shot fell in the ward, just at the foot of one of the beds. This in some measure prepared them for the bombardment which followed, and which began at midnight. The day Staff were asleep in their quarters in the Convent just across the way. Suddenly there was a crash like thunder. It was the heavy German siege guns, and they were firing at the ammunition depot which was not far from the Hospital. The women dressed as speedily as possible and went across to the Hospital, where the night Staff

was already helping the less badly wounded to dress and try to get to a safer spot. Then they quickly carried the seventy helpless patients into the cellars, and when the cellars were full, into the Convent opposite. It all had to be done in the dark, for to strike a light would be to direct the German fire to the Hospital; but in spite of the darkness, in spite of the nerve-shattering noise, the whole Staff of women doctors, nurses and orderlies, worked steadily on. In less than half-an-hour those seventy helpless men were on mattresses in the cellars of the Convent, and as comfortable as they could be made under the circumstances. That is how these patriotic women acted the first time they were under fire!

When it was light they determined to get their worst cases away, and after a bit succeeded in commandeering a motor and getting six of the most helpless cases to another hospital in a more sheltered position in the town.

Then a large motor lorry, driven by an Englishman, arrived and took away sixteen patients, Dr. Mabel Ramsay, three nurses and an orderly. An eye witness says that he never saw a finer example of courage and

discipline than was shown by the doctor and nurses, who settled the patients in the lorry and then calmly waited for the rest of the party, while all the time shells were falling, and houses quite near them were bursting into flames. This advance party of hospital refugees finally reached Ostend. They had promised to send the lorry back for the rest of the party as soon as they were safe; so those left at the Hospital looked after the patients who still remained and hoped for the best. But it was a dreadful day; the shriek of the shrapnel coming ever more frequently with now and then the burr and boom of the big siege guns of the Germans.

As the hours slowly dragged past it began to be realised that help would not be forthcoming unless they sought for it. The promised provisions from the Belgian Croix Rouge had not arrived, as no one was left at their head-quarters to send the supplies to the Hospital. And every minute the position grew more unsafe. Late in the afternoon only seven patients remained to be placed in safety, and these were taken to the cellars of the Convent opposite, the sisters promising to get them into some safer place in the morning. It was now time for the Hospital

Staff to see to their own safety and to leave Antwerp. This was easier to think about than to accomplish, especially as it was now six o'clock.

The hospital, fortunately, was on the high road, and as a last resource, Mrs. St. Clair Stobart went to the gate to see if any kind of vehicle could be commandeered, and to her infinite relief saw three great London motor omnibuses coming along with the familiar M.E.T. on their panels. Were ever motor omnibuses so warmly welcomed before? There was no perfunctory signal to stop accorded them; instead, to prevent any chance of their passing unheeding, Mrs. Stobart went into the middle of the road, stood in front of them and waved her arms. They had to stop or run over her, but when they saw the need of the woman they at once came to the rescue. The Englishman in charge told the Hospital Staff the 'buses were full of ammunition and they had to get across the bridge before it was blown up. But they would wait three minutes. Within that time the tired women and their bundles were seated on the ammunition and bumping along the road. Every now and then the 'buses had to turn aside to avoid huge holes

that had been dug in the street by falling shells. In some quarters they tore along between blazing houses, and one of the party sitting on the ammunition cases owns to thinking about herself and her seat, and coming to the conclusion that if a shell did find its way into the 'bus it would be better for everyone, including herself, if it hit her instead of exploding the box beneath her.

At last they reached the Scheldt safely and found a new source of thankfulness in the fact that the drivers were London 'bus men, therefore expert drivers, for the bridge was composed of planks laid across a series of boats tied together—a perilous finish to a hazardous drive, but that, too, ended safely. After getting them across the river the motor 'buses had to drop them, as the ammunition was required elsewhere, but now, being almost out of the range of shell fire, they walked on quietly for a little way and waited for something else to turn up. Presently they found themselves in the middle of a retreating Naval Brigade. The Commanding Officer placed some motor-cars at their disposal, which took them to St. Gilles Waes, where they arrived at midnight, just twenty-four hours after the first roar of the cannon had

waked them from sleep and made them realise the bombardment of Antwerp had begun. Quite the most thrilling twenty-four hours that any of the medical women had ever lived through.

At St. Gilles Waes a convent offered the hospitality of a floor in one of its bigger rooms, where the exhausted Staff slept for a few hours before continuing their journey, the last portion of which was accomplished in a troop train which was conveying British infantry back to Ostend. Different members of the party give little interesting details; one speaks of the food by the way, consisting sometimes of biscuits and sardines, sometimes of apples and buttermilk; another tells regretfully of the equipment, especially the X-ray outfit, left behind, but adds, "it was a sheer case of self-preservation." In one thing they are unanimous, that is, the desire to return as soon as possible, and even as I write, arrangements are being made for fitting out another hospital and beginning again, this time somewhere in France.

The hospital in Paris and the one I have just described are the first of the Women's Military Hospitals, but they are not the last. As the war goes on and more hospitals are required,

more will be fitted out, and to them will go as many of our medical women as can be spared from their needed work at home.

Even as I write, three more hospital corps are being equipped, and by the National Union of Women's Suffrage Societies, who have for the time put aside their work for women's enfranchisement, and are using their influence and resources to help their country in the great struggle.

This scheme originated with Doctor Elsie Inglis, and at first it was to be one unit, equipped and sent out by the Scottish Federation of the National Union of Women's Suffrage Societies as part of its special war relief work.

But the scheme developed, as useful schemes are apt to do, and it became the "British" Women's Hospital Service, instead of "Scottish," and, being supported by the whole of the Society instead of the Scottish branch only, it has been able to equip three units. These are to go to Servia, France, and Belgium.

Each unit is made up of—

4 medical women (doctors and surgeons).

10 fully-trained nurses.

6 dressers (senior medical students and Voluntary Aid Detachment members of *three years* training).
2 cooks.
1 clerk.
1 administrator.
1 or more ambulance drivers, in the case of France and Belgium.

A unit will staff a hospital of 100 beds. Two ambulances, at least, for each hospital is desired. Two ladies have already brought their motors to town to be converted into ambulances, and will drive them themselves.

Probably the unit for Servia will be the first one dispatched, as the need there is most urgent, Dr. Inglis having heard from a matron of the Hospital there, that lint is so scarce that wounds can only be dressed once in four days.

The second unit will go to France and is almost ready to start.

The Belgian unit is being organised in response to an appeal sent to Dr. Inglis.

On arrival each unit will form a centre from which further service may be developed as the units discover the local needs.

Hospital buildings will not be taken out, but local buildings adapted. The women's

organisations in different towns are being encouraged to provide one ambulance; to maintain one or more beds; to equip one unit completely with blankets or pyjamas: to give a name to the ambulance or bed provided in order that the wounded Allies may realise the widespread quality of British sympathy localised in different parts of the country. Dr. Inglis very rightly insists on salaries for the Staff being the same as equally qualified men are receiving for the same work.

Though the manner in which these different corps have been raised and equipped is greatly to the medical women's credit, their natural vocation lies among their own sex. Military hospitals are not a normal development of their work, but have come into existence in an extraordinary period of the world's history and to meet an extraordinary need.

CHAPTER IX

WAR WORK AT HOME

The work of the medical women at the Front, interesting and necessary as it is, does not, as I have said, seem so normal a development of their vocation as some other of the special works which have opened out to them as a direct result of the war.

These works have not all been on the lines of various methods of caring for the sick in hospitals; but because of their knowledge of economic conditions the doctors have been of the greatest value on Committees formed for the alleviation of distress among women of every class.

It is certainly a fact that educated women understand social conditions better than they did a few years ago, and there has been a marked increase in the common sense shown in dealing with such problems in the present war.

When, in the earnest desire to do something useful at once, ladies formed large parties of voluntary workers to make soldiers' garments. it was pointed out by other women

with wider experience, that such work was taking the bread and butter out of poor women's mouths—creating distress in one quarter while alleviating it in another. And such criticism was not put down to jealousy, but was heeded by the majority of the voluntary workers, with the result that workrooms were opened and sewing-women out of employment, paid to do the work; while the ladies formed themselves into Committees to superintend the work and to deal with the problem of unemployment among women.

It was here that the knowledge of the medical woman, gained by coming into close contact with women of all classes, and getting to know their circumstances, was of such use. In one instance, at least, it has resulted in opening out a new line of work. In Brighton the Committee of the National Aid Corps found that small dressmakers, some clerks and typists, were thrown out of work at the very beginning of the autumn as a direct result of the war. The dressmakers were drafted into a workroom which was immediately opened, but at the suggestion of the medical women on the Committee, the more suitable among the clerks and typists

were trained and provided with a new trade ; that of "sick attendant."

The doctor had found in the course of her practice, a large number of invalid women of limited means, living in rooms or boarding-houses, who, while not requiring the services of a whole-day qualified nurse, did very much need a certain amount of attendance of a more skilled nature than the ordinary domestic servant is capable of rendering. A few weeks of strenuous teaching on the part of the doctor, and an earnest desire to learn on the part of the pupils, followed by a certain amount of practical experience under the superintendence of a trained nurse, and the attendant was ready for work. A notice in the local papers and cards sent to some of the hotels and boarding-houses, met with a response which showed there was a real demand for just such services as the attendants were capable of supplying.

Only a small number, half-a-dozen, were trained at first, as the Committee were anxious to limit the supply to the demand, but these are already at work, and it seems as if later on in the winter, the demand will justify the training of another half-dozen.

These attendants do not wear a uniform,

as it is important that the fact that they are not trained nurses should be emphasised. They wear a plain serviceable dress of any dark colour, and provide their own aprons; but a bag containing a few medical necessities is to be lent to each nurse by the National Aid Corps.

* * * * * *

And there is another work begun by medical women, which, in view of the terrible wastage of life going on all over Europe at the present moment, is of the greatest value.

This new work is in Manchester, and it takes the form of a Babies' Hospital. It is in Clarendon Road, Chorlton-on-Medlock. Quite a tiny hospital, as seems suitable for the patients, but well worth seeing. Just twelve cots, which have been filled with a succession of babies ever since the opening of the institution, about two months ago. All these babies were suffering from the effects of malnutrition, and some of them were fast wasting away, but a period of skilled treatment in the Hospital has given these little ones a chance of growing up with sufficient health to become useful citizens and to accomplish their journey through this world with the average amount of happiness.

The idea originated with the medical women of Manchester, who are the chief sponsors, and who have formed their own rota of visiting physicians.

Doctor Catherine Chisholme is chairman of the Baby Hospital, and the office of Honorary Treasurer (an arduous post at present) is filled by Dr. Mabel E. May.

Councillor Margaret Ashton, Chairman of the Infantile Protection Committee of the Manchester Corporation, who has had such experience, and who takes such an interest in the serious problems of Manchester life—one of which is the great mortality among infants in the poorer quarters, has warmly supported the scheme; her support taking the practical form of a gift which has enabled the Committee to furnish and adapt a large and roomy house for the use of the babies.

The innate thriftiness of women is shown here and all through this book, in their willingness to adapt already existing houses for their Institutions, and never launching out into new buildings until it has become really necessary.

Other public-spirited people of Manchester have followed Miss Ashton's example in supporting the Hospital by providing enough

money to pay the daily expenses until the end of the year. The babies themselves, so far have shown their approval of the Hospital by rapidly putting on weight and showing other obvious signs of improved health while "in residence" in the small cots. The Committee and others interested in the scheme feel that the benefit of such an institution will not be confined to the babies dwelling within its walls. They realise that the scientific study of ailing infants, experiments in the proper feeding of the different cases, and their scheme of training nurses in the care of sickly children, will be of benefit to the whole coming generation. This hospital is a natural development of the Schools for Mothers, and Baby Clinics, which have been opened in various parts of the country. No one realises so well how necessary it is to give instruction in the proper bringing up of the babies, to mothers in every class, as does the lady doctor, and she is, from every point of view, best fitted to give it. The working woman is more willing to listen to a lady doctor; the equally wise advice of a medical man she is apt to listen to with ill concealed contempt as coming from a man.

"And what does a man know about

babies?" she says, when she is repeating his remarks to a friend. In the case of a woman doctor it is different, and the Baby Clinics established by them have proved very successful.

Take, for instance, the Baby Clinic in connection with the Canning Town Women's Settlement Hospital. It is held every Wednesday morning, and on an average thirty or forty mothers arrive with their infants. The baby is weighed by the nurse, and then passed on to the lady doctor, who examines and prescribes for it, and then has a good talk with the mother, pointing out mistakes in feeding and clothing, etc., and advising as to what can best be done under the circumstances.

"Under the circumstances," that is the drawback to the full success of Baby Clinics. Very often the babies have reached a stage when they need scientific care, and the best that can be done for them without that additional clause regarding circumstances. All doctors interested in and giving advice in the Baby Clinics have felt this difficulty, but Manchester has overcome it by providing an "In-patients' Department" in the shape of the New Hospital for Babies which I have just described. The first of

such institutions, but not, I am sure, the last. The full results of this hospital can only be realised by degrees, but that the medical women are doing a most necessary work along these lines will be fully realised by anyone who has done social work, or even paid a few friendly visits to the poor in their own village.

There is another problem which has arisen in connection with the war, which I hope will be considered and successfully solved by medical women.

This is the increase of drunkenness among women. Complaints of excessive drinking among women have been already seriously discussed at the meetings of the Central Unemployed Body for London. Thirteen out of twenty-one distress Committees who were asked for information on the subject, reported that there was excessive and increased drinking among women. This is easy to understand in the case of some "soldiers' and sailors' wives" who, with the man of the house absent, have less work to do at home, and who, owing to the regular allowance from the War Office, have more money at their disposal than they have ever had. Under these conditions it is easy to drift to

the public-house for the sake of companionship, and with more coppers than usual, one drink easily leads to another, with disastrous results. Various ways of grappling with this problem have been suggested, but a Committee of medical women would, I think, be more likely than any other body to find the right solution. Understanding the class of woman with whom she has to deal, the medical woman would take the best way of securing the co-operation of the delinquent (a woman cannot be *forced;* she must be persuaded to be good), and the doctor's medical knowledge would enable her to suggest ways of preventing any craving for liquor. Of course, I am speaking of women who are drifting into the habit of taking more than is good for them. When drinking has developed into the disease of drunkenness the doctors have many methods of dealing with it. It is one of the bad habits that the Medico-Psychological Clinic, which I am about to describe, claims to deal with most successfully; but prevention is always better than cure, and I personally hope that prevention of this excessive drinking will be one of many good "War Works" undertaken by medical women.

CHAPTER X

THE MEDICO-PSYCHOLOGICAL CLINIC

In this last chapter I have to describe an institution which, while not entirely founded, officered, and carried on by women, yet seems to call for distinctive qualities in the women on its Staff, and is of such interest that an account of it cannot be omitted. I have included it in the war work, because worry, insomnia, and every form of nerve disaster, is greatly increased by the anxiety and strain of the present time.

This institution is the Medico-Psychological Clinic, which has just been opened at 30 Brunswick Square, London, W.C.

Before giving an account of the house where I spent a long and interesting afternoon, I would like to repeat the explanation of psycho-therapy as given to me by medical women who have specialised in this branch of medical science.

To clear away misunderstanding, it is perhaps necessary to state a few of the things which psycho-therapy is *not*.

It is not Christian Science, nor Faith

Healing, nor is it a new cure for any organic disease.

Surgical cases are, needless to say, best cured by surgery; organic diseases by ordinary medical treatment, and the use of proper drugs.

Psycho-therapy's legitimate work lies in dealing with neuroses or functional nervous disorders. Because the maladies of the nervous appear to have no organic basis, it used to be thought they were imaginary, a most mistaken and unjust conclusion, if by imaginary is meant unreal. Experience soon proved that nervous invalids, with their insomnias, their curious fears, their intense pains that seem to have no basis, except in their imagination, were very real sufferers. But if their illness could not be traced to any organic disease, to what could it be traced? And, if ordinary drugs had little or no beneficent effect, how could such sufferers be treated?

To both these questions psycho-therapy professes to give a scientific and successful answer. It lays stress on the fact "that the little lamp of consciousness illumines only a tiny fraction of the mind's domain," and that we know more, think more, and feel more

than we are conscious of at any given moment.

It goes on to explain that while one portion of the brain works consciously and causes us a certain amount of effort and fatigue, another portion of the brain works subconsciously and relatively without effort. This is very clearly explained to the "general reader" in Dr. Schofield's book on *The Unconscious Mind*.

We practically realise the fact every time we learn a new set of actions. For instance, is there any greater fatigue than bicycle riding in its first stages, when the mind is consciously fixed on the effort of keeping exact balance and avoiding other vehicles that seem to have the set purpose of running into the rider: but once the knack of riding is caught, all the different movements required to keep balance, and to avoid running into other people or being run into, become unconscious. They slip under the control of the subconscious mind, and are performed without effort or fatigue, and bicycling then becomes an agreeable and healthy form of exercise. This is true of all combinations of muscular movements that are acquired. At the beginning, when they

are performed consciously, they are a strain and a fatigue; when they are practised sufficiently often to become what we call automatic, they come under the control of the subconscious mind and no longer cause effort.

Now, psycho-therapy teaches more about this subconscious mind, and claims it has a wider domain and exercises more influence than was at first supposed. It says that this subconscious mind is the seat of our emotions and feelings,—our half-acknowledged likes and dislikes. An instance of the result of this in a normal healthy person is given by one of the doctors interested in this branch of medical science. She tells a story of her adventures with an umbrella. It was a very expensive and highly superior umbrella, a birthday present from a valued friend, but alas! in spite of the quality of the heavy silk and the beauty of the handle, it was a source of annoyance to the doctor because the handsome handle was unusually long. Ashamed of her ingratitude for such a gift, she put away her irritation and refused to face it, using the umbrella on all occasions. Now comes the point of the tale, Dr. —— was always losing that umbrella. She forgot it

in shops, she lost it in the houses of friends ; it remained in taxicabs when she and her other possessions had left. She would not have grieved if it had permanently remained behind, but as is the case with unwanted possessions it was invariably returned, sometimes with a request for a reward equal in value to the umbrella. It became one of the minor nuisances of life, until a discerning member of the household walked off with it and had the handle shortened to the usual length. Dr. —— did not know this at the time, but she ceased forgetting the umbrella, or leaving it about, and she attributes her former heedlessness to the desire of the unconscious mind to be rid of an annoyance.

This is an instance of the normal subconscious mind at work, but sometimes the subconscious mind becomes unhealthy, and then it is the cause of all sorts of distressing nervous manifestations.

Again, an illustration : say a person has received a great shock or is in great sorrow. The trouble is not faced but deliberately " put out of the mind," which means that it is relegated to the subconscious mind, where it still remains an unfaced, unsolved problem or unsolved bother. Now physical pain,

unpleasant as it is, is more bearable than mental trouble, and sometimes in self-defence the subconscious mind translates the mental into physical sensations, with the result that the patient develops severe pain or other physical symptoms. As no organic disease can be found to account for the illness, it must either be imaginary or psychic.

The doctors who have studied this subject say it is psychic, and having a psychic basis must receive psychic treatment. This is the work of the Medico-Psychological Clinic in Brunswick Square. It announces as its objects—

1. The treatment by medical and psychological means of functional diseases, and of functional disorders accompanying organic diseases.

2. The advancement of this branch of medical science.

3. The extension in the community of a knowledge of the laws of mental hygiene.

And it endeavours to accomplish these objects by providing a centre for treatment for those who ought not to be dependent on the charity of our hospitals, and who are, nevertheless, unable to pay the fees usually

charged for private treatment of the necessary kind.

Also by providing certain new forms of treatment, the utility of which in the kind of cases indicated has frequently been proved, but which, for lack of suitable conditions, has so far only been accessible to a very limited number of sufferers. These forms of treatment, usually referred to collectively as psycho-therapy, include the various forms of mental analysis and re-synthesis, known as psychological analysis (Janet Morton, Prince, etc.), psycho-analysis (Freud, Yung, etc.), and as therapeutic conversation and persuasion (Dejerine, Dubois, etc.), re-education and suggestion in the hypnoidal and hypnotic states. The medical profession in general agree that functional nervous diseases have hitherto proved, on the whole, among the most intractable forms of suffering, so the promoters of the Medico-Psychological Clinic believe the time is ripe for trying these newer methods on a larger scale, and for making trial of any others that seem to promise good results.

Psychological analysis is used in order to discover what hidden trouble, whether sorrow, shock, or baffled desire is the cause of the

patient's disease. In this analysis dreams play an important part. It is considered that they represent the wishes (often unexpressed and sometimes but half-conscious) of the dreamer. These desires in dreams are often expressed in symbols.

Should a patient have a constant recurring dream, or the same incident in several different dreams, it will probably have a distinct bearing on his trouble. And it is the work of a clever analyst to help the patient to discover the meaning of it all. It is extremely interesting to hear a dream dissected, and explained by this method, and to discover reason and meaning in the seeming jumble of detached improbable scenes the patient describes.

Then there is the method of re-education, including therapeutic suggestion and persuasion, which is a scientific method of getting the patient to face and talk over his difficulties. In the case of over-mastering fear of any sort the patient is encouraged to confide in his doctor, in non-scientific and old-fashioned terms, to make a safety-valve of him or her. He is helped to explain fully and without reserve what and why he fears: then he is shown the real significance

of those fears, and how best they can be overcome.

Lastly, there is re-education and suggestion in the hypnotic and hypnoidal states.

Re-education is just what the word implies, taken in its plain and literal sense. The patient is re-educated, his morbid and exaggerated ideas transformed into healthy and balanced ones.

As for suggestion, it is as old as the human race, and has always been used in some form or other. The mother who picks up her child, kisses the bruise and says, "it is quite well now, dear," uses suggestion, and often most effectively.

A prescription recommended by a trusted physician with the assurance that it will certainly accomplish the desired cure, has in addition to the efficacy of the drug, the help of a powerful suggestion.

The force of suggestion is also proved by the wonderful results obtained by quack medicines. I knew a case of this sort, myself, some years ago. A woman, the wife of a shopkeeper with whom I dealt, suffered from a most persistent and difficult form of indigestion. She went first to one doctor than to another, without relief. A friend of mine,

a medical man, was extremely interested in her, and spent much time and thought over the case without effecting a cure. Then one day the patient came to see me, full of hope. She had seen a thrilling advertisement of a quack medicine professing to cure just the symptoms from which she was suffering. She remembered that her mother had had great faith in the medicine, and had always kept a bottle in the house. I begged her to ask the doctor's advice before trying it, but without avail.

She bought the medicine, took it, and was cured! My friend said it was a case of the effect of mind over body. There was no drug in the prescription to justify the result, but the advertisement acted as a powerful suggestion, and the woman had had such faith in the medicine that the cure was accomplished.

The same results are sometimes obtained in the anticipation of the action of a well-known drug, and I have been told of a case where the patient could not sleep without taking his accustomed tabloid, but then went to sleep in five or ten minutes. His doctor, knowing the drug in question could not act so quickly, substituted other tabloids containing

no narcotic. The patient, unconscious that any change had been made, took the tabloids with the usual good results; the mere taking of the accustomed dose acting as a powerful suggestion, and securing for the patient the coveted night's sleep.

The Medico-Psychological Clinic works scientifically along lines here indicated, and has already proved of the utmost value when other means have failed. Though large and important clinics of this order exist in Paris, Berlin, Vienna, Zurich, Amsterdam, and other European centres, and also in several large cities in the United States, little has been done in this way in England. The promoters of the Clinic in Brunswick Square, have felt that there was a demand in London for a centre for the organised use and further trial of the many methods already at the command of psycho-therapy, and they set to work to organise a clinic which would supply that demand.

This clinic was opened at 30 Brunswick Square, W.C., in October, 1914. I paid it a visit within a few days of its opening. A member of the Executive Committee kindly met me and took me over the house, explaining the use to which the different rooms

were put. Searching for the adjectives that will best describe the atmosphere of the place, I choose "cheerful and restful," and I think it must be a true description, because I myself was not in a state of mind to be inclined to think any Institution cheerful or restful.

It was a day of torrential downpour; I had come to town unprepared for even a shower, and I had spent the morning trying to keep appointments punctually in spite of all sorts of unexpected and irritating delays. I arrived at Brunswick Square at the appointed time truly, but at the cost of much exertion and no lunch. Therefore to be impressed with its cheerfulness and restfulness proves the atmosphere to have been charged with those qualities.

In reply to questions I was told there are both women and men on the Staff. There are well-known physicians and surgeons to whom patients are referred if, after examination, they are found to be in need of medical or surgical treatment. At Brunswick Square, people of small means, a class particularly liable to break down nervously and mentally, owing to economic pressure, can receive treatment which otherwise would be out of their

reach. Psycho-therapy being a method which takes much time and patience, is therefore, necessarily expensive. The Clinic at Brunswick Square aims at doing more than meeting this need. It hopes to draw upon the psychological departments of the Universities for fresh methods, data, and ideas in relation to normal and abnormal processes of the mind. It proposes to apply these in its work, and to test their value as diagnostic and therapeutic agents. Many psychological laboratories are actively engaged in the study of the mind, in its developing and adult stages, and in its individual and social manifestations, and it is felt that medical science should avail itself of the discoveries which result from such study.

For this purpose the Clinic has established a psychological department under the general direction of Dr. Spearman, Grote Professor of Philosophy of Mind of the University of London. Here investigation will be carried on, based on careful observations and exact tests, while at the same time all progress in psychological science both in England and abroad will be noted.

This it is hoped will be of great value to the medical profession in general.

All this was explained to me as I sat in the waiting-room, a room with big windows, and which would have been sunny had the sun condescended to shine: for the rest, it was like all waiting-rooms, with its big table covered with the usual periodicals.

Upstairs, on the first floor, was the lecture room; a large room capable of holding a goodly number of people, and again with big windows which would let in all the sun available in London.

Here, lecture courses in elementary psychology and in mental hygiene are to be given during the autumn and spring terms. The first such lecture was given on the afternoon of my visit, and evidently attracted attention and interest, as in spite of the weather the room was nearly full.

There is also in progress of formation what is hoped will prove a very useful library, which is to be divided into two departments.

1. A Lending Library of carefully chosen works suitable for the use of patients and others who may attend the systematic lectures.

2. A Reference Library for the use of medical practitioners, and students of psychology and psychological medicine. This

library appeared to be already popular, as books were being asked for and lent on the day of my visit.

The work of the clinic is carried on in six departments, each, as has been said, under the direction of a qualified medical practitioner having special experience in the work of that department and efficiently assisted by trained workers.

These departments are—

1. Medical
2. Psychological
3. Psycho-therapeutic
4. Physical exercises
5. Electrical
6. Educational

There are comfortably furnished rooms with the proper appliances for each of these departments, and the consulting room of each doctor is in accordance with the colour scheme chosen by that particular doctor. The Medical and Surgical Staff give their services gratuitously, but paid assistance for carrying out the treatment is necessary, and as the low fees charged will not do more than pay the rent and up-keep of the Clinic, a certain amount of support is required and hoped for.

This last and newest work has one advantage over the other institutions and hospitals of which I have given a brief account, and the

advantage lies in its having men as well as women on its Staff, thereby securing the benefit of both points of view—the woman's and the man's—particularly necessary in psychological work.

THE END

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